

ALAMANCE COUNTY BOARD OF HEALTH

Minutes

Regular Meeting of the Board of Health

October 20, 2009

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, October 20, 2009, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Mr. Jim Gooch, Chairman, Dr. Donald Courtney, Ms. Kara Marshall, Ms. Lynda Puckett, Mr. Michael Venable, Mr. Charles Wilson and Dr. Reid Woodard, Vice-Chairman.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Dr. Kathleen Shapley-Quinn, Ms. Debra Garrett, Ms. Christy Bradsher, Mr. Eric Nickens and Ms. Janna Elliott.

I. Call to Order and Introductions

Mr. James Gooch, Chairman, called the meeting to order at 6:31 pm.

II. Approval of the August 18, 2009, Board of Health Minutes

A motion was made by Dr. Donald Courtney to approve the August 18, 2009, Board of Health minutes. The motion was seconded by Mr. Charles Wilson and approved unanimously by the board.

III. Public Comment

No one from the public signed up to make any comments.

IV. Administrative Report

A. Personnel Update

Ms. Janna Elliott provided the board with the following Personnel Update:

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PERSONNEL UPDATE*Transfers / Resignations:*

- Kelly McCormick began employment as Public Health Nurse I effective September 1, 2009
- Becky Amash began employment as Public Health Nurse I – TB Coordinator, replacing Cherae Gardner, effective October 1, 2009
- Dr. Roberta Osborn resigned from her position as Dentist I (50%) effective June 30, 2009
- Candace Howell-Jeffries will begin employment as Nutritionist II, replacing Jessica Faulk, effective October 26, 2009
- Jennifer Wood Moore will begin employment as Dental Assistant, replacing Jeannette Williams, effective October 28, 2009

Recruiting to fill the following positions:

- Public Health Nurse II – Women’s Health Coordinator, replacing Kathleen Grasty
- Public Health Nurse II – Post Partum Home Visit, replacing Teresa Rogers
- Dental Hygienist (50%), replacing Vicki McPherson
- Dentist I (50%), replacing Roberta Osborn

The following positions have been frozen:

- Processing Assistant III – WIC Lab, replacing Pamela Herring (frozen until November 13, 2009)
- Physician Extender II, replacing Rebecca Owens (frozen until January 1, 2010)
- Environmental Health Specialist, replacing Tonya Randell (frozen until January 1, 2010)

B. Budget Amendments/Transfers

Ms. Bradsher presented the Health, WIC and Dental amendments and transfers 2 – 5 for the 2009 - 2010 fiscal year for board approval:

Budget Amendments and Transfers FYE 10				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	2		DEPT. NAME:	WIC
STATE BUDGET:	WIC Program		TRANSFER:	
			AMENDMENT:	X
Expenditures:				
110-5150-260	Department Supplies & Materials	52,306.00	52,306.00	52,306.00
110-5150-311	Conf/Sch/Sem/Training Expense	4,578.00	4,578.00	4,578.00
110-5150-312	Daily Travel Expense	600.00	600.00	600.00
110-5150-351	Maint & Repair Bld Grounds	6,000.00	6,000.00	6,000.00
110-5150-360	Freight Charges	1,000.00	1,000.00	1,000.00
110-5150-491	Dues & Subscriptions	600.00	600.00	600.00
Revenue:				
110-3515-300	WIC Program	65,084.00	65,084.00	65,084.00
Explanation: Additional funds received due to increase in current WIC caseload.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	3		DEPT. NAME:	WIC
STATE BUDGET:	WIC Program		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-220	Computer Supplies	-542.00	-542.00	-542.00
110-4210-220	MIS Computer Supplies	542.00	542.00	542.00
Explanation: Purchase price for one Microsoft Software License package for the new WIC Personal Computer.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	4		DEPT. NAME:	WIC
STATE BUDGET:	WIC Program		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-220	Computer Supplies	-423.00	-423.00	-423.00
110-4210-443	MIS Computer Lease	423.00	423.00	423.00
Explanation: Lease price for one new computer in the WIC department.				
ACCOUNT CODE	DESCRIPTION	TRIAL BALANCE	STATE BUDGET	COUNTY BUDGET
REV. NO.	5		DEPT. NAME:	WIC
STATE BUDGET:	WIC Program		TRANSFER:	X
			AMENDMENT:	
Expenditures:				
110-5150-260	Department Supplies & Materials	-1,000.00	-1,000.00	-1,000.00
110-4210-351	Maint & Repair Bldg & Grounds	1,000.00	1,000.00	1,000.00
Explanation: Transfer of funds to cover cost of replacing 12 yr old carpet in the WIC area.				

A motion was made by Mr. Charles Wilson to approve the Health, WIC and Dental budget amendments and transfers 2 - 5 for FY2009-10. The motion was seconded by Dr. Donald Courtney and was approved by the board unanimously.

V. Personal Health Committee Update

Dr. Reid Woodard, Chairman of the Personal Health Committee, presented the minutes from the September 15, 2009, Personal Health Committee meeting.

Alamance County Board of Health

Personal Health Committee

The Personal Health Committee met on Tuesday, September 15, 2009, at 6:00 pm, in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Rd, Burlington, North Carolina.

The following committee members were present: Personal Health Committee Chairman Dr. Reid Woodard, Mr. Charles Wilson, Ms. Lynda Puckett and Dr. Michael Blocker.

The following staff members were present: Mr. Barry Bass, Dr. Kathleen Shapley-Quinn, Ms. Michele Herbek and Ms. Janna Elliott

Call to Order

Chairman Reid Woodard called the meeting to order at 6:08 pm.

WIC Update

Ms. Michele Herbek discussed a staffing increase proposal. The WIC program contributes over \$3.7 million dollars to the local economy in Alamance County annually through the redemption of food vouchers. The ability to contribute additional funds to our local economy depends on WIC's ability to meet caseload demands. When more clients come into the WIC program, WIC provides more vouchers which in turn puts more money into the local economy. Additional staffing will also help to reduce wait times for appointments as WIC guidelines dictate, which WIC was deemed to be out of compliance with at its most recent audit. High risk cases make up 25% of WIC's caseload. If WIC can employ another Nutritionist III, this individual can see the high risk patients as well as provide services at local physician offices. The Spanish population has grown from 31% to 38% of the total caseload in the past five years. The White population has declined from 41% to 38% and Blacks have declined from 27% to 24%; Asians remain less than 1% of the population. Ms. Herbek feels that this proves the need for a full time Spanish Interpreter. The current interpreter functions as a WIC Clerk 50% and Spanish Interpreter 50%, but will be transitioned to 100% interpreting as soon as possible. The new WIC food package rolls out October 1, 2009, so a contract interpreter has been obtained on a temporary basis, while the permanent employee is on FMLA leave. This contract interpreter has functioned as an interpreter and has also been providing education in English and Spanish to clients waiting for appointments. The WIC program, which is 100% federally funded, can financially support the additional salaries and benefits of two new positions. Ms. Herbek asked the committee to consider approving the establishment of a Nutritionist III position as well as a WIC Clerk position, to make up for the clerk position that is being absorbed into the interpreter position. In Alamance County, the client to nutritionist ratio is 270 to one. In other surrounding counties, this ratio is 171:1 or 118:1 or 131:1. This 270:1 ratio results in clients not receiving proper education and counseling. Ms. Herbek explained that she is trying to find ways to spend \$70,000 by the end of the month so the funds do not have to be returned to the state. Ms. Herbek further explained the changes the new WIC food package is undergoing. Changes include a reduced amount of cheese, lower fat milk, addition of fruits and vegetables, whole grains, etc. An \$8,600 grant was awarded to WIC that allows for the purchase of food; WIC will be providing taste-testing

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of these healthier foods on October 1. Ms. Herbek invited Board of Health members to attend. The premise of WIC is to improve medical and nutritional outcomes in clients. Having the two month waiting period is a disservice to clients and the WIC program.

Dr. Michael Blocker made a motion to recommend that the Board of Health make a recommendation to the Board of Commissioners for WIC to hire a Registered Dietitian and Clerk. Motion was seconded by Ms. Lynda Puckett and passed unanimously by the committee.

Ms. Herbek provided the committee with the following WIC Report:

<p style="text-align: center;">WIC Departmental Monthly Report August 2009</p> <p>Clinic Activities:</p> <p>715 Clinical Nutrition contacts provided by Nutritionist</p> <p>428 Hemoglobin's done in WIC</p> <p>442 Nutrition Education lessons provided by WIC Clerical</p> <p>Most recent report of dollar amount of WIC vouchers redeemed in Alamance County 392,824.76.</p> <p>Number Food Vouchers redeemed – 12,716 July</p> <p>Clinic show rate-71% (666 appointments kept/929 appointments scheduled)</p> <p>Clinic profile: 4545 or 106% of assigned caseload 4291</p> <p>Racial Ethnic composition of caseload- 39% White- Black 24% -38% Hispanic – <1% Asian.</p> <p>Vendor Monitoring of 11 Stores</p> <p>Vendor Training offered 4 stores accepted.</p> <p>Submitted by:</p> <p>Robin Robertson Clerical Supervisor</p>

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Dr. Woodard suggested that Ms. Herbek provide a description of how the WIC program works from the perspective of a client walking in the door when she makes her presentation to the Board of Health and Board of Commissioners to help everyone understand how WIC affects clients and the community.

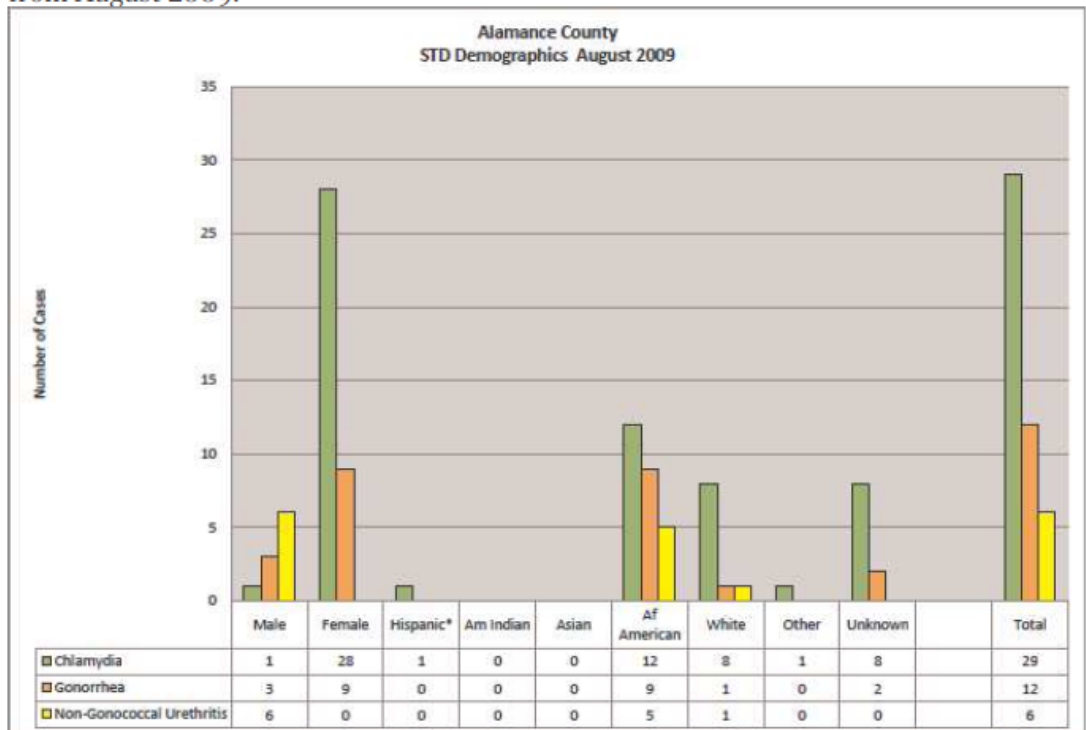
Personal Health Update

Mr. Barry Bass discussed that the flu vaccine is slowly coming in. Most of the Health Department Staff have been vaccinated as well as EMS, since both are deemed high risk. State vaccines for prenatal patients have not arrived yet. Flu clinics will be scheduled when a majority of the vaccine has been received.

In regards to H1N1, Mr. Bass reported that 6% of influenza-like illness is testing positive for H1N1. These are percentages that would be normal in mid-winter, not at the onset of flu season.

Medical Director's Report

Dr. Kathleen Shapley-Quinn discussed the Alamance County STD Demographics graph from August 2009.



Mr. Charles Wilson inquired how Alamance County's data compares with the state. Dr. Blocker suggested displaying this information on a case per population basis. Dr. Shapley-Quinn stated she will work to obtain the requested information for the next meeting. Chlamydia cases are more frequent in females because there is no funding for testing for Chlamydia in males. Mr. Wilson would like to see this information for Alamance and surrounding counties along with state wide numbers.

Dr. Shapley-Quinn gave the Alamance County Health Department Maternity Clinic Volume and Payment Source Statistics:

ACHD MATERNITY CLINIC VOLUME STATISTICS							
Month/Year	Total Pts	Total Visits	Closed Out	Hispanic Clients	% Of total	Asian Clients	% of total
Jan-08	278		52	111	40%	---	---
Feb-08	272		46	120	44%	---	---
Mar-08	284		55	120	45%	---	---
Apr-08	278		50	128	46%	6	2%
May-08	283		57	139	49%	5	2%
Jun-08	296		46	142	48%	6	2%
Jul-08	303		53	139	46%	7	2%
Aug-08	302		68	130	43%	6	2%
Sep-08	301		58	122	41%	4	1%
Oct-08	**	315	pending	239	46%	9	2%
Nov-08	**	419	pending	176	42%	4	1%
Dec-08	**	528	pending	240	45%	6	1%

** Hispanic & Asian client information now reflects number of visits and not unduplicated numbers, percentage of total calculated using total visits

Month/Year	Total Pts	Total Visits	Hispanic Client Visits	% Of total	Asian Client Visits	% of total
Jan-08	258	468	200	43%	5	1%
Feb-08	268	477	220	46%	4	1%
Mar-08	273	522	216	41%	6	1%
Apr-08	274	490	249	49%	11	2%
May-08	283	461	229	50%	10	2%
Jun-08	296	511	258	50%	17	3%
Jul-08	293	507	250	49%	14	3%
Aug-08	247	446	pending	pending	pending	pending
Sep-08						
Oct-08						
Nov-08						
Dec-08						
average/month						

** Hispanic & Asian client information now reflects number of visits and not unduplicated numbers, percentage of total calculated using total visits

ACHD MATERNITY CLINIC PAYMENT SOURCE STATISTICS*							
Month/Year	Total Pts	MPW/CA	Presumptive	Sliding Scale		Third Party Insurance	out of County
				% Pay	NC		
Jan-08	278	171	104	1	0	2	4
Feb-08	272	162	105	1	0	4	2
Mar-08	284	158	123	1	1	1	3
Apr-08	278	155	116	1	1	5	5
May-08	283	155	123	1	1	3	3
Jun-08	296	162	129	0	0	6	8
Jul-08	303	176	122	0	2	3	6
Aug-08	302	176	118	3	0	3	5
Sep-08	301	174	117	3	0	7	5
Oct-08*	292	174	---	20	40	11	pending
Nov-08*	246	172	---	26	38	9	pending
Dec-08*	252	181	---	33	40	8	pending

* Data based on total visits

Month/Year	Total Pts	MPW/CA	% Pay	NC	Third Party Insurance
Jan-08	258	70%	7%	20%	3%
Feb-08	268	71%	8%	20%	2%
Mar-08	273	72%	6%	20%	2%
Apr-08	274	64%	9%	23%	3%
May-08	283	65%	8%	24%	3%
Jun-08	293	65%	6%	29%	2%
Jul-08	247	67%	5%	26%	2%
Aug-08	pending	pending	pending	pending	pending
Sep-08					
Oct-08					
Nov-08					
Dec-08					

Dr. Shapley-Quinn noted that what seems to happen is that when the economy worsens, there is more availability for prenatal care in the private sector. When the economy picks back up, this will likely change.

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Dr. Shapley-Quinn reviewed the Women's Health Clinic / Pregnancy Test / STD Monthly Report:

Women's Health/STD Clinic																	
Month/Year	Total Visits		# Depo given	# Depo enrolled	Total Visits STD Clinic	STD clinic visits by sex		STD visits by race & sex									
	Completed					Females	Males	Asian-F	Asian-M	Black-F	Black-M	Hispanic-F	Hispanic-M	White-F	White-M	Other-F	Other-M
Jan-09	437		171	510	270	166	103	0	0	97	53	10	9	53	31	0	0
Feb-09	352		155	335	255	171	117	0	0	81	53	14	10	73	42	3	2
Mar-09	319		173	331	320	191	129	0	0	99	51	13	10	70	49	3	2
Apr-09	476		162	342	297	156	109	1	0	09	57	6	13	00	35	2	2
May-09	462		171	326	240	150	90	1	0	00	45	14	13	22	32	3	0
Jun-09	479		190	343	297	165	102	0	0	97	50	13	10	49	30	4	1
Jul-09	505		163	344	249	147	101	0	1	91	52	10	6	45	40	1	1
Aug-09	409		pending	pending	271	pending	pending	pending	pending	pending	pending	pending	pending	pending	pending	pending	pending
Sep-09																	
Oct-09																	
Nov-09																	
Dec-09																	
TOTAL								2	1	634	397	96	62	407	230	16	3

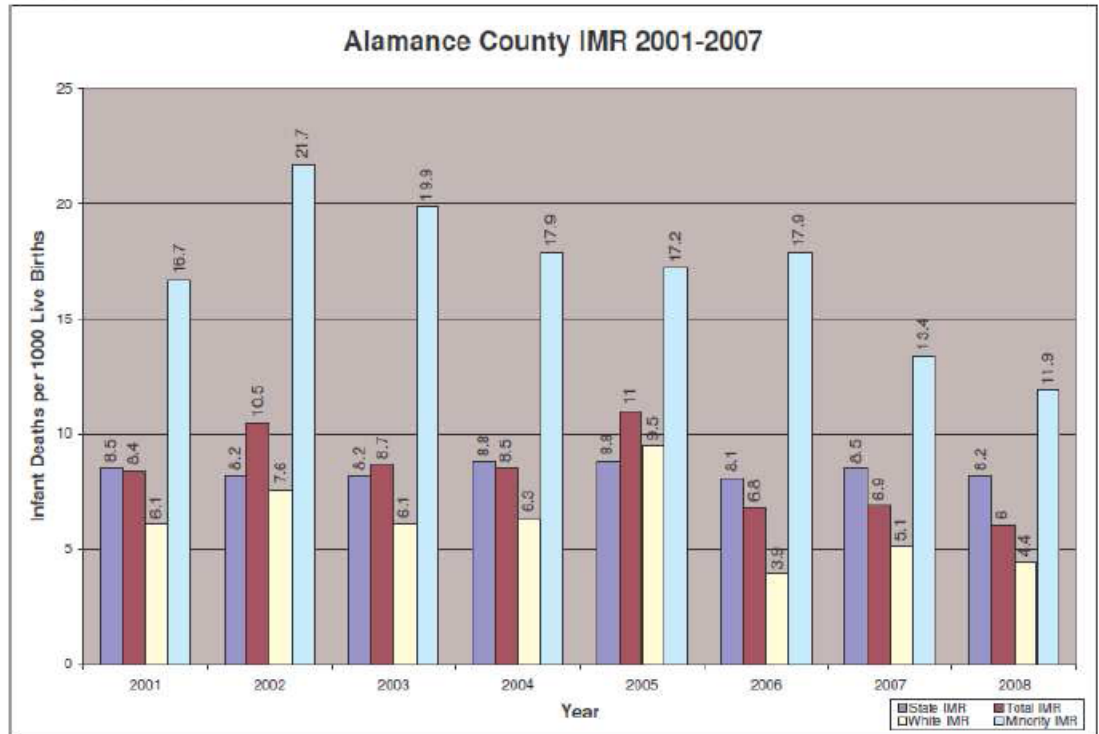
Pregnancy Test Clinic											
Month/Year	Total	PT's completed		All Positive PT's to receive care at ACHD				PT's completed under age 17			
		Negative	Positive	Total	% of total Pos	Teens	Non-Teens	Total	Negative	Positive	
Jan-09	138	41	97	49	51%	5	44	15	6	10	
Feb-09	112	44	68	36	53%	4	32	15	7	8	
Mar-09	140	62	78	41	53%	4	37	17	6	11	
Apr-09	133	61	72	44	61%	3	41	17	13	4	
May-09	99	26	73	43	59%	8	35	13	2	10	
Jun-09	113	49	64	29	45%	3	26	15	13	6	
Jul-09	144	60	84	44	52%	4	40	17	10	7	
Aug-09	117	33	84	pending	pending	pending	pending	pending	pending	pending	
Sep-09											
Oct-09											
Nov-09											
Dec-09											

Dr. Blocker commented that it looks like the Health Department has approximately 100 positive pregnancy tests for teens. In Alamance County in general, approximately one teen gets pregnant each day. The STD report shows STD clinic visits, not those that tested positively. If someone tests positive for HIV or syphilis, a CDC Disease Investigation Specialist (DIS) is contacted. The DIS works with the patient to educate, counsel and notify past partners. If a female tests positive for other communicable diseases, the Health Department gives her cards to distribute to past partners so that they may come in for treatment. Those contact individuals are not tested, so they are not on this data sheet. Mr. Wilson PT's commented that there is a tremendous amount more attention being paid to the H1N1 outbreak than to sexually transmitted diseases. Dr. Blocker stated that most sexually transmitted diseases, with the exception of HIV, have a low fatality rate and are preventable diseases, because they are contracted through an act of commission; whereas, the flu, on a large scale, has a higher fatality rate and is contracted merely by being in the vicinity of an infected person.

Mr. Bass and Dr. Shapley-Quinn discussed information regarding the current H1N1 outbreak. They presented an illustration graphing the current outbreak versus the outbreak in 1957-1958, as created by Ms. Shannon Alley, Preparedness Coordinator. The prediction shows a spike in illnesses in the fall, which is what everyone is planning and preparing for. It was reported today that 6% of patients seen in medical facilities are presenting with influenza-like illness (ILI). This is disconcerting that ILI is already spiking in September. Dr. Shapley-Quinn reported that the Presidential Taskforce has issued projections based on epidemiological evidence thus far. If the numbers are applied to Alamance County, on any one day, 1,450 to 2,900 citizens could be diagnosed with the flu. It is estimated that as many as 72,500 citizens could be infected and as many as 43,500 of those may require medical attention, if this reaches its potential. Dr. Blocker commented that the number of ventilators that will be needed does not look

good. The Health Department is planning for H1N1 clinics; vaccines may potentially be available early October for high-risk individuals. High risk is being defined by: caretakers of infants less than 6 months old; youth age 6 months to 24 years; pregnant women; healthcare providers providing direct patient care; and those over 6 months and under 65 years of age with a chronic medical condition. It is highly recommended for everyone to receive a seasonal flu vaccine and an H1N1 vaccine. Ms. Marilyn Burns, the American Red Cross and John Stubblefield are working together to recruit volunteers to staff flu clinics, a telephone triage center and an alternate care site, which is being coordinated by Dr. Shapley-Quinn and Ms. Kathy Colville. Law enforcement, EMS and the school system are all involved in the planning process for the community H1N1 effort as well as other things relevant to their own organization. Dr. Blocker inquired about distribution sites of H1N1 vaccines. Dr. Shapley-Quinn stated that primary care providers, nursing homes and hospitals have requested the vaccine. Those sites will receive an allocation based upon the state's determination of rollout.

Dr. Shapley-Quinn was pleased to present a graph of Infant Mortality Rates (IMR) to the committee:



Dr. Shapley-Quinn stated that in 2008, Alamance County's white IMR was at 4.4; minority IMR was at 11.9; total aggregate IMR was at 6, which is well below the state's IMR at 8.2. The minority IMR has decreased consistently over the past six years. There have been a myriad of programs across the county at the hospital, Health Department and health education that have worked toward this reduction. In 2005, the 5 year strategic plan's goal was to decrease total IMR from 11 to 7.4. At year 3 of the strategic plan, total IMR is at 6 already.

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Health Director's Report

Mr. Barry Bass reported that the BabyLove program has had a significant role in helping to decrease IMR. BabyLove is included in case management services, Child Service Coordination (CSC) and Maternal Care Coordination (MCC) the Health Department offers. CSC and MCC as well as other wrap-around services are being cut substantially. Health Departments state-wide tried to negotiate with DMA to put all case management programs under the Carolina Care Network (CCN), which is the Medicaid program for the state. CCN could not undertake additional responsibilities, so now Local Health Directors (LHD) are trying to get Governor Perdue, through the legislative branch, to reconsider the value these programs provide. Initially, there will be a 15% cut in funding for these programs, which means about \$65,000 for Alamance County. Mr. Bass and Ms. Christy Bradsher have discussed this and feel that employment for the Health Department's MCC and CSC six employees can most likely be sustained through the end of this fiscal year. Next year, the cut will be even more dramatic.

Mr. Bass reported that this coming Friday at 10:00, he will be attending a webinar to discuss House Bill 2, the smoking in public places law. Environmental Health staff is being trained to work with restaurant staff. This law goes into effect January 2, 2010.

Policy on Confidentiality and Release of Medical Records

Mr. Bass presented the committee with recommended changes to the Policy on Confidentiality and Release of Medical Records:

ALAMANCE COUNTY HEALTH DEPARTMENT	
"COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC'S HEALTH IN ALAMANCE COUNTY"	
	
POLICY ON CONFIDENTIALITY AND RELEASE OF MEDICAL RECORDS	
APPROVAL DATE BY BOARD OF HEALTH:	
SIGNATURES:	
_____	Chair, Board of Health
_____	Health Director
_____	Division Manager

Minutes	8	September 15, 2009
Alamance County Health Department		
Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:
Approved by:	Alamance County Board of Health	Program Area: Administration
Effective Date:		
Revised Date:		

- I. **GOAL:** Every Alamance County Health Department employee (see II below*), shall respect the privacy of individual patients/clients of the Health Department by adhering to the rules and regulations which govern access to patient/ client records and the information contained therein.

- II. **PURPOSE:** To provide Alamance County Health Department staff the information necessary to minimize breaches of client confidentiality and privacy through unauthorized release of patient /client medical information.

- III. **REFERENCES:** North Carolina GS § 8-53; Health Insurance Portability & Accountability Act of 1996 - 45 CFR Parts 160 and 164;

- IV. **DEFINITIONS:**
 HIPAA- Health Insurance Portability & Accountability Act of 1996 provides protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI).
 Privacy Officer- serves as primary point of contact for all privacy related issues.
 Minor- person under the age of 18 (according to NC GS §90-21.1)

- V. **FOCUS POPULATION:** All clients served by the Alamance County Health Department

- VI. **POLICY:**

 Although most records kept by state agencies are available to the general public, under North Carolina's Public Records Act (see North Carolina General Statute § 8-53), medical records are an exception. Legal authorities recognize a health care provider's duty to keep medical information private. Breach of confidentiality/privacy through unauthorized release of patient/client medical records may result in litigation against the employee involved, agency personnel, Board of Health and County government

North Carolina law and the North Carolina Administrative Code require that the Local Health Departments maintain accurate, complete and organized medical records on each patient for which medical services are provided. The Alamance County Board of Health is an oversight agency and is authorized to review and audit the actions of the Department with regard to their compliance with Federal, State and local regulations and policy. Each duly appointed member of the Alamance County Board of Health is a covered entity as that term is defined by the HIPAA law, and as such is entitled to use, review and maintain the confidentiality of the medical records generated by the employees of the Alamance County Health Department.

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Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Administration
Effective Date:			
Revised Date:			

Any information of a medical nature in possession of the Alamance County Health Department including all medical records or any oral or written communications pertaining to medical care shall be considered confidential. Medical records will be released only in accordance with HIPAA guidelines and following procedures outlined in the ACHD HIPAA manual.

No Health Department employee* shall knowingly use any patient/client medical information and/or medical record in a manner that could jeopardize the interests of the patient/client. Further, a Health Department employee* shall not divulge the name of any patient/client, the program through which services were rendered, or the setting, including clinic, home, school, industry or community, in which patient/client was seen. However, the Health Department may use a patient/client record to defend itself or its personnel against claims made by the patient/client, government agencies, or other regulating boards or agencies.

At no time shall any personal identifying information for any patient receiving medical services through the Alamance County Health Department be kept in any location other than the official medical record of the patient. Further, all information forwarded to third parties pursuant to a request or release of information, shall include each and every name or alias used by the patient known to the Alamance County Health Department employees.

Identifying information for all clients receiving services through the Alamance County Health Department will be maintained in a secure and appropriate manner. This includes information contained in the medical record and all other locations that may be necessary (for example, call back rosters, tickler lists, lab reports not yet filed, clinic schedules, computer screens, etc) to provide efficient services.

Staff Affected by this Policy*

- A. Nursing Staff (RN's and Student Nurses)
- B. Physician Extenders
- C. Physicians
- D. Lab Technicians
- E. Community Health Technician
- F. WIC Staff
- G. Administration
- H. Clerical Support staff
- I. Health Educator
- J. Dentist
- K. Dental Hygienist

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Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:
Approved by:	Alamance County Board of Health	Program Area: Administration
Effective Date:		
Revised Date:		
<p>L. Environmental Health Staff M. Social Workers N. Other <u>DSS Eligibility Caseworkers</u></p>		
VII. SERVICE PLAN		
<p>A. No member of the Health Department staff shall release records or copies of records directly to any attorney, insurance company or other unauthorized person, nor shall staff remove any records from the Health Department for review by any attorney, insurance company, or other unauthorized person in response to a legal matter. (see Special Conditions, B, 5 & 6 below)</p> <p>B. All requests for medical records shall be processed in accordance with agency HIPAA guidelines.</p> <p>C. A signed and dated authorization from the patient/client must be obtained before any medical information is released. The patient/client must produce a picture identification to verify authorization if requested to do so.</p> <p>D. Information may be released to another agency or individual upon receipt of an appropriate authorization signed and dated by the patient/client or their representative.</p> <p>E. The attending physician(s) may use the patient/client record only in conjunction with providing treatment, payment or health operations to/for that patient/client.</p> <p>F. Information contained in a patient's/client's record may be released to the Health Department's attorney in the event the Health Department or any of its personnel is named in a lawsuit involving a current or past patient/client.</p> <p>G. Verbal requests for information from other than the attorney for the Health Department shall not be honored.</p> <p>H. Release of information is not required in circumstances permitted by law and/or in emergency treatment situations.</p>		
<p>Special Conditions</p> <p>A. Control of access to a minor's medical records is determined by the minor's ability to legally consent to medical treatment.</p> <p>A minor, who is legally permitted to consent to his own medical treatment under North Carolina General Statute § 90-21.5, controls access to those medical records. Otherwise, a parent, guardian, custodian or person in <u>loco parentis</u></p>		
<p>Rev 06-18-08</p>		

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Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Administration
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controls access. Emancipated minors (either married or emancipated by court order) are considered adults and control access to their own medical records. Proof of emancipation shall be required.

B. The following are exceptions to the policies concerning confidentiality and release of medical records and are outlined in the agency Notice Of Privacy Practices (NOPP):

1. Statutory reporting requirements (communicable disease, cancer, child abuse, as allowed under HIPAA)
2. Third party reimbursements as allowed for treatment, payment & healthcare operations (TPO)
3. Governmental and quality review audits
4. The “duty to warn” when it appears that the patient is a danger to himself or others.
5. Court order is **required** to release medical records in all legal matters.
6. Subpoenas for testimony (issued by attorneys, private parties, or other agencies):
 - a. A subpoena for testimony may be served via telephone by the Sheriff’s Department
 - b. The Nursing Director and/or Health Director shall be informed of all subpoenas served upon a Health Department employee. **Information regarding the subpoena may be shared with other’s as deemed appropriate.**
 - c. The Nursing Director, Health Director and the attorney for the Health Department shall determine the appropriate response to the subpoena by either:
 - (1) Filing a motion to quash (suppress testimony)
 - (2) Forwarding the appropriate documents to the party subpoenaing the documents
 - (3) Directing the person subpoenaed to testify to the medical record.

VIII. APPENDIX:

- A. Signature page- Confidentiality and Release of Medical Records Policy
- B. Confidentiality Code
- C. **Procedure for handling Authorizations**

Minutes

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September 15, 2009

Alamance County Health Department

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Appendix A

Confidentiality and Release of Medical Records Policy

I have read and understand the attached Confidentiality and Release of Medical Records Policy. I agree to uphold this policy. I understand that breach of this agreement, may constitute a disciplinary action or legal implications.

Signature

Date

Authorized Health Department Representative

Date

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Alamance County Health Department		
Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:
Approved by:	Alamance County Board of Health	Program Area: Administration
Effective Date:		
Revised Date:		
Appendix B		
<u>Confidentiality Code</u>		
<p>Each employee of the Alamance County Health Department is required by Federal law, Federal regulation, State law, State Agency, and the Alamance County Health Department to respect the privacy of individual patients/clients by adhering to the rules and regulations which govern access to patient/client records and the information contained therein.</p>		
<p>The patient/client has the right to every consideration of privacy concerning his/her medical care program. The client has the right to expect that all communications and records pertaining to his/her care be treated as confidential. The client has the right and is free to discuss the services he/she receives from this Agency with anyone at any time. Employees <u>do not</u> have the right to divulge to anyone at any time the patient's/client's name, the program through which services were rendered or having seen the patient/client in clinic, home or school.</p>		
<p>Employees must be aware of legalities involved. Breaches of patient/client privacy may result in litigation against the employee, Agency personnel, Board of Health and County government.</p>		
Rev 06-18-08		

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<p>Mr. Bass stated that Dr. Shapley-Quinn had voiced some specific concerns about this policy and the practicality of some items. The HIPAA Officer, Ms. Kathy Brooks, offered recommendations as highlighted and in red type. The highlighted section would be deleted and replaced with the wording in red type. Dr. Shapley-Quinn was concerned that Part B would address medical liability. If so, the Medical Director should be included under that section. Dr. Blocker and Mr. Bass discussed that the Part B section would not involve medical liability; it is in regards to the release of medical records and subpoenas being issued for the release of medical records. Dr. Blocker inquired if a Board of Health member would have access to medical records. Dr. Shapley-Quinn responded that the HIPAA Manual dictates who may have access to medical records and as of a year ago, neither the Health Director nor the Board of Health were listed. As a matter of course, Mr. Bass would not want the Board of Health viewing medical records. If the Board of Health was involved in monitoring or auditing and had a need to do that, then it would be permissible. The situation that happened last year, the authorities had a need to review records, so that was permissible. Mr. Bass stressed that part of his job is to protect the Board of Health, so he would ferret through circumstances on a case by case basis. Dr. Blocker stated that he wanted to be sure that Mr. Bass, at the Board of Health's request and on their behalf, could review medical records if deemed appropriate and necessary. Mr. Wilson stated that President Obama stated no illegal aliens would receive medical care under the proposed Health Care Reform. Mr. Wilson then inquired that since the Health Department was not allowed to ask clients if they are legal or illegal, how would someone know who to cover if the question cannot be asked. Dr. Blocker stated that access to care and access to insurance are completely different. Dr. Shapley-Quinn stated that one area of concern falls under presumptive Medicaid, in which at the beginning of pregnancy, the first two months are covered under Medicaid until the individual can gather the appropriate paperwork to officially qualify.</p> <p style="text-align: center;"><i>Dr. Michael Blocker made a motion to recommend that the Board of Health approve the Policy on Confidentiality and Release of Medical Records as presented. Motion was seconded by Mr. Charles Wilson and passed unanimously by the committee.</i></p> <p><u>Adjournment</u> With no further business, the meeting adjourned at 7:48 pm.</p> <p>Respectfully submitted, Janna Elliott Clerk to the Board of Health</p>		

VI. Personal Health Update

Ms. Debra Garrett reported that a telephone triage call center has been established by a committee comprised of representatives from the Alamance County Health Department (ACHD, Alamance-Burlington School System (ABSS), Emergency Medical Services (EMS), Alamance Regional Medical Center (ARMC) and the American Red Cross. The call center opened October 18, 2009, and received approximately 50 calls,

95% of which were questions regarding vaccine. Dr. Shapley-Quinn in conjunction with ten local physicians developed a form of questions for the call center nurses to use during calls. The call center will be staffed Monday through Friday from 7:00 am until 7:00 pm by nurses from ACHD two days each week, ARMC two days each week and EMS one day each week. If call flow warrants, the call center may extend days of operation to include weekends. Ms. Marilyn Burns is working to recruit volunteer nurses to help staff the call center, as well as clinics, through www.servnc.org. Ms. Garrett reported that of the 50 calls received yesterday, two were referred to a medical provider for immediate treatment. The hope is that the call center will help to deflect calls going to 911 and the number of walk-ins seen in the Emergency Room (ER).

Ms. Garrett stated that the H1N1 vaccine on hand at ACHD is being prioritized for healthcare workers that will help with the H1N1 response by providing direct patient care or assisting with clinics. ACHD did host an H1N1 flu mist clinic on October 17, 2009, for healthy youth age two through seventeen from 9:00 am until 12:00 pm. 309 local youth were given the flu mist; approximately 50 were turned away either because they had received another live vaccine within the past 30 days or because they were sick or had a contraindicated medical condition such as asthma. Ms. Garrett stated that staff and volunteers at the clinic did an excellent job. Several UNC nursing students volunteered at the clinic. Ms. Kara Marshall inquired about the flu shot versus flu mist. Ms. Garrett stated that H1N1 vaccine comes in shot and mist. The first shipment of H1N1 vaccine ACHD received was the mist. Seasonal flu vaccine also comes in shot and mist. They are two separate vaccines. Everyone is encouraged to get both the seasonal and H1N1 vaccines. Ms. Garrett reported that a local drug representative provided training to staff on providing the flu mist. Seventeen school nurses from ABSS attended the training with the hope they will be able to provide vaccines in schools.

Ms. Garrett reported that ACHD has begun a new Centering Pregnancy program. The first group started in October with five patients attending. The goal is to have eleven patients in centering groups. The centering program provides the same services to patients in a group setting. Healthy snacks and drinks are provided to participants who listen to soft, relaxing music while individual checkups are performed.

Ms. Garrett informed the board the Local Health Directors Association has formed a group to try to recruit and retain skilled Public Health Nurses (PHNs). This group will meet with the Institute of Government next week to work toward training experienced PHNs to mentor new PHNs or PHNs taking on a new role.

Mr. Michael Venable inquired about age requirements for the centering group. Centering is open to anyone who is pregnant. Mr. Bass commented that centering has a mentoring aspect in which pregnant

women who have delivered before can mentor those who are pregnant for the first-time. Ms. Garrett commented the group decides how it will function. They vote on who is invited to their meetings, be it spouses or significant others or individually. Dr. Shapley-Quinn contributed that there is a motivating factor in creating the centering groups. Studies have shown that individuals participating in centering groups have lower infant mortality rates (IMR) and lower rates of pre-term births. If pre-term births do occur, they seem to average three to four week later gestation than non-centering pre-term births.

Mr. Venable inquired if other counties had established call centers. Pitt County is the only other county known to be staffing a call center at this time.

VII. Environmental Health Committee Update

Mr. Carl Carroll presented the minutes from the September 15, 2009, Environmental Health Committee meeting.

Alamance County Board of Health**Environmental Health Committee**

The Environmental Health Committee met on Tuesday, September 15, 2009, at 12:00 pm in the Health Department Conference Room (Room 1129) of the Human Services Building located at 319-B N. Graham Hopedale Road, Burlington, North Carolina.

The following committee members were present: Dr. Donald Courtney, Mr. Chad Huffine and Mr. Michael Venable.

The following staff members were present: Mr. Barry Bass, Mr. Carl Carroll, Ms. Terri Craver, Ms. Shannon Alley and Ms. Janna Elliott.

Call to Order

Acting Chairman Donald Courtney called the meeting to order at 12:10 pm.

H1N1 Update

Ms. Shannon Alley presented information regarding the current H1N1 outbreak. She presented an illustration graphing the current outbreak versus the outbreak in 1957-1958. The prediction shows a spike in illnesses in the fall, which is what everyone is planning and preparing for. Mr. Bass contributed that it was reported today that 6% of patients seen in medical facilities are presenting with influenza-like illness (ILI). This is disconcerting that ILI is already spiking in September. Ms. Alley reported that the Presidential Taskforce has issued projections based on epidemiological evidence thus far. If the numbers are applied to Alamance County, on any one day, 1,450 to 2,900 citizens could be diagnosed with the flu. It is estimated that as many as 72,500 citizens could be infected and as many as 43,500 of those may require medical attention, if this reaches its potential. The Health Department is planning for H1N1 clinics. It is highly recommended for everyone to receive a seasonal flu vaccine and an H1N1 vaccine. The Health Department is recruiting volunteers for staffing clinics. Individuals may sign up at www.servnc.org.

Environmental Health Update

Mr. Carroll informed the committee that Ms. Alley has been meeting with community partners throughout all of this and this afternoon, she will be meeting with folks from UNC who are conducting an after-action review on how Alamance County responded to this outbreak.

Mr. Carroll reported that there was recently a bat infestation at a residence hall at Elon University. Several bats entered the living spaces. University administration and medical staff along with Mr. Carroll met with approximately 15 students that were exposed to discuss post-exposure prophylaxis (PEP). Students' parents were contacted also. None of the students elected to receive the PEP. The University put the students up in a local hotel for two nights while the bats were removed. Since then, one bat was found in a dormitory room. The bat tested negative for rabies.

Mr. Carroll stated that another round of ServSafe courses just completed at Cooperative Extension. This course is offered twice annually for restaurant employees.

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September 15, 2009

Mr. Carroll stated that two students will be doing internships this fall with Environmental Health. An intern from Elon will do 30 hours and one from East Carolina University will do 240 hours.

Mr. Carroll reported there will be a rabies clinic at the Pet Adoption center on September 26. There will also be a clinic on October 31 at Environmental Health Services. Area veterinarian offices will offer week long rabies clinics in their location during the first week of November. The cost is \$5.00 for each animal.

Mr. Carroll informed the committee that recent legislation would increase the annual fee for food service establishments from \$50 to \$75. The state collects this fee and sends Alamance County two-thirds of the fee based on Environmental Health's percentage of food and lodging inspections. Legislation was also approved that increased the fee for temporary food establishments, such as those at festivals and fairs, from \$50 to \$75 and the legislation will also allow an increase from \$200 to \$250 for food service plan review. Local environmental health staff must review the plans for all new or renovated food service establishments except for prototype and franchises operations. The Food Service Plan Review fee increase will require approval by the Board of Health and Board of Commissioners and will be included with the budget request for fiscal year 2010-2011.

Ms. Terri Craver reported that turn-around time for on-site is approximately two weeks and that requests for services have increased slightly, including an increase in subdivision applications.

Health Director's Update

Mr. Bass reported that this coming Friday at 10:00, he will be attending a webinar to discuss House Bill 2, the smoking in public places law. Environmental Health staff is being trained to work with restaurant staff.

Mr. Bass noted that an intern from Elon will be shadowing Mr. Bass. She is majoring in Human Services.

Mr. Michael Venable inquired how the county's policy on Family and Medical Leave (FMLA) would be impacted by H1N1. Ms. Janna Elliott responded if an employee is absent for more than five days due to illness, it is automatically deemed FMLA and paperwork should be completed. In the circumstance of H1N1, since the Health Department is advising individuals to stay at home and not seek medical care, unless underlying health conditions warrant, the county is creating an H1N1 policy that will grant employees some leniency if H1N1 symptoms are present.

Dr. Courtney inquired about how the flu vaccine is derived. Ms. Alley replied that in the late winter or early spring each year, manufacturers of the vaccine look at the strains that were most common in the previous year and create new strains of vaccine based on that data.

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<u>Adjournment</u> With no further business, the meeting adjourned at 12:39 pm.		
Respectfully submitted, Janna Elliott Clerk to the Board of Health		

Mr. Carroll stated as of today, the rate of influenza-like illness (ILI) has increased to 12%. Dr. Shapley-Quinn added that the rate of ILI at physician offices is 6.25% and in ERs the number is significantly higher. Mr. Wilson inquired about the 72,500 number presented. This number was derived from data from the Presidential Taskforce. It estimates that 72,500 citizens of Alamance County citizens will have ILI during this H1N1 outbreak. Mr. Wilson wondered if there was a start and end date to this projection. Mr. Bass commented that the start date would likely be the last week of April 2009. Unfortunately, there is no end date; however, seasonal flu season usually ends in April each year. Dr. Shapley-Quinn commented that on the predicted peak day of the outbreak, 1-2% of the population would be affected with ILI.

VIII. Environmental Health Update

Mr. Carroll stated that one of the clerical staff at Environmental Health has been out of the office for a month now on Family and Medical Leave. A temporary employee has been hired to fill in during this time.

Mr. Carroll reported that the Alamance County Animal Services Taskforce is reconvening in a meeting on October 21, 2009. They will meet to talk about some real estate that has become available at a former veterinarian office. With private monies donated, they hope to establish a low cost spay and neuter clinic. The impact this would have on public health would hopefully be fewer stray animals leading to fewer rabies cases and animal bites.

Mr. Carroll discussed a complaint he recently received from a client. Until the 2008-2009 fiscal year budget, Environmental Health issued refunds and allowed transfer of funds for services. At the 2008-2009 fiscal year budget request, the Board of Health approved no longer allowing refunds and transfers for Environmental Health services. This was done for two reasons: a new computer system was put into place that was not written to allow for refunds and transfers; a large amount of staff time is spent with folks who apply for services and then ask for refunds. After the board approved the budget request, a statement was

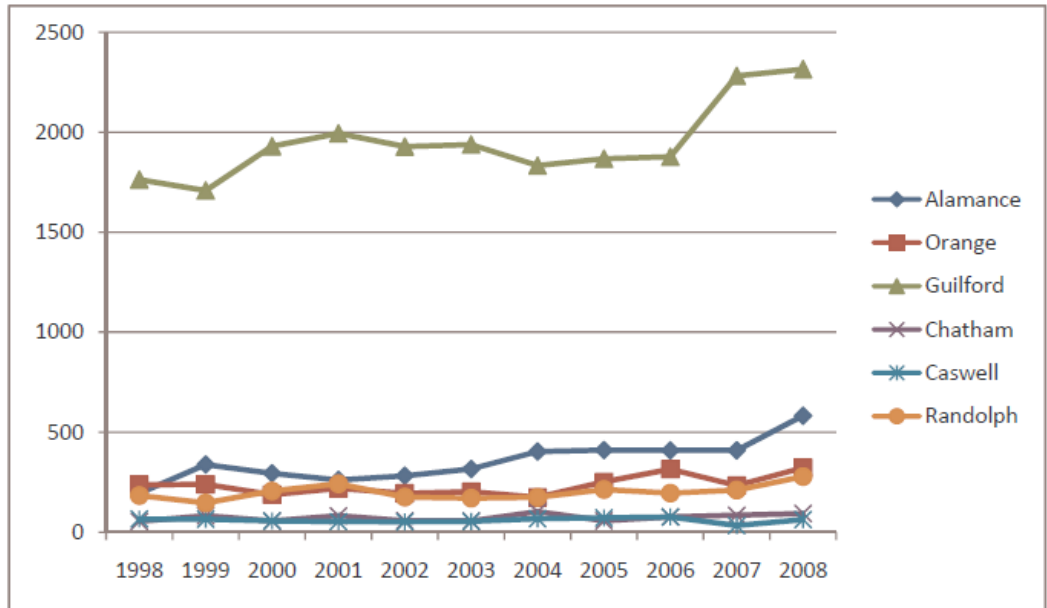
added to the bottom of each request form Environmental Health uses: *“Please be advised that all payments are final and no refunds or transfer of funds are possible. By signing and submitting your payment, you are agreeing to these terms and conditions.”* In this particular case, the builder applied for a new site evaluation, which carries a \$200 fee. He stated that he was putting an addition onto a house and knew that the existing septic system would have to be moved. Environmental Health staff went to the site and discovered that the builder in fact did not know where the septic was and it would not have to be moved. The builder had to apply for an Existing System Check, which carries a \$50 fee. Mr. Carroll stated that normally when someone comes in and is unsure of the location of a septic system, they apply for an existing system check first. If it is determined that the septic will have to be moved, they then apply for the New Site Evaluation. The builder requested that the \$200 paid for the new site evaluation be transferred to cover the existing system check. Mr. Carroll informed the board that with the computer system that is in place, a transfer between the two services is not possible. The only way to issue a refund or transfer would be to completely erase it from the system and make manual notes to the file. Mr. Carroll wanted to know the board’s opinion on this matter. After a brief discussion, it was decided that since signed requests for service clearly state no refunds or transfers and to be consistent with the procedure, no additional action be taken.

IX. Medical Director’s Report

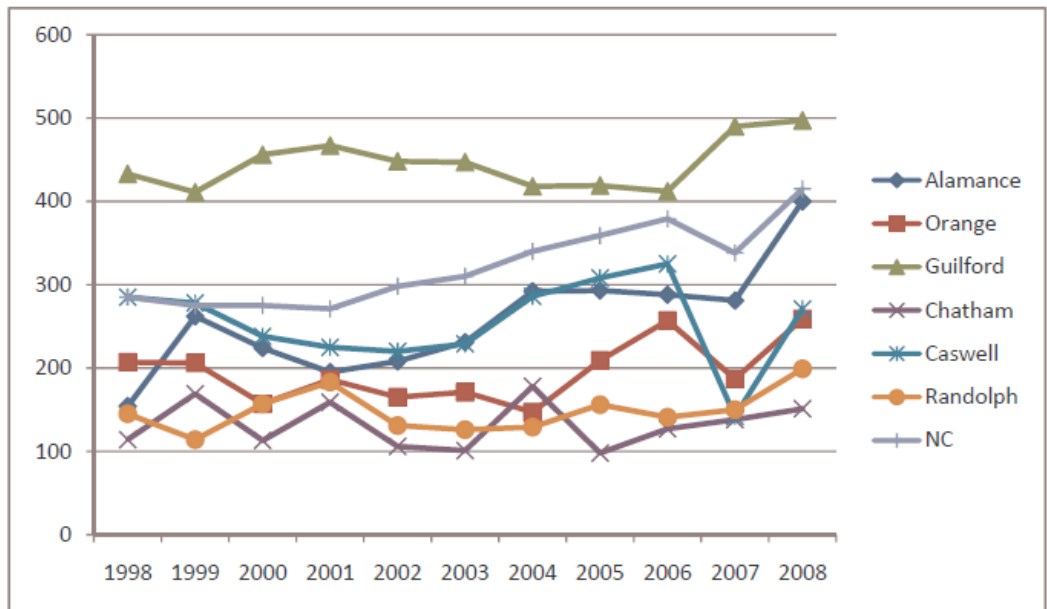
Dr. Kathleen Shapley-Quinn reported that the plan for the alternate care site is in place. It will be opened when specific triggers are met: if school system absentee rates average 15%; if there is a death of a child or school system affiliated employee; if the number of Emergency Room (ER) visits exceeds what they can handle (50 visits above the average of 165 visits per day); enough staff to run the clinic.

Dr. Shapley-Quinn discussed STD graphs.

NC Chlamydia Cases in Alamance and Surrounding Counties

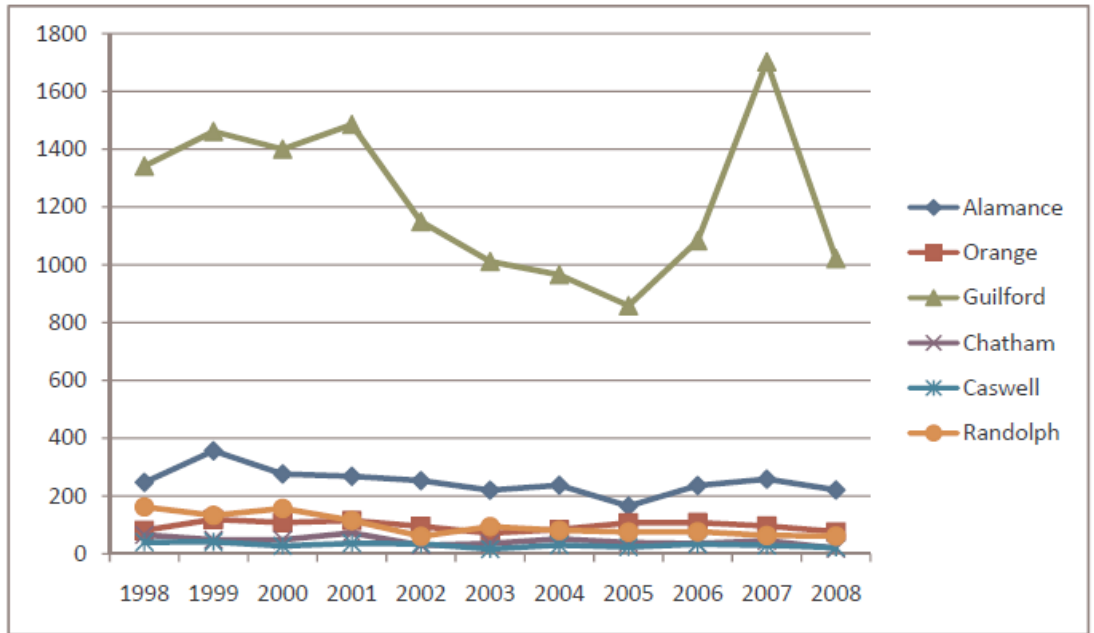


NC Chlamydia Rates in Alamance and Surrounding Counties

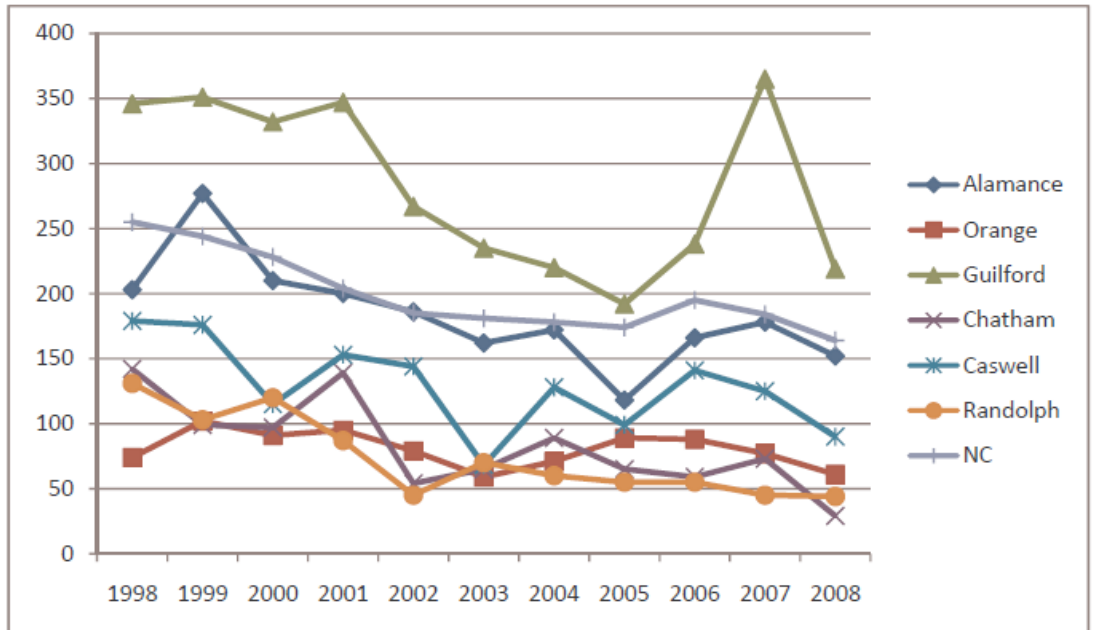


Information per HIV/STD Prevention and Care Website, www.epi.state.nc.us/epi/hiv/

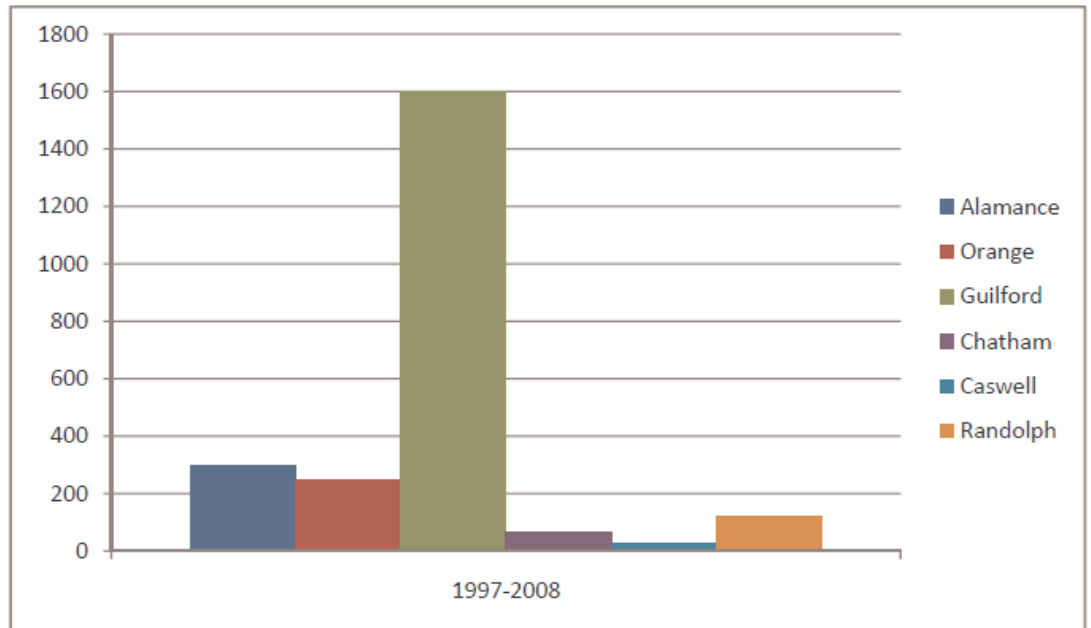
NC Gonorrhea Cases in Alamance and Surrounding Counties



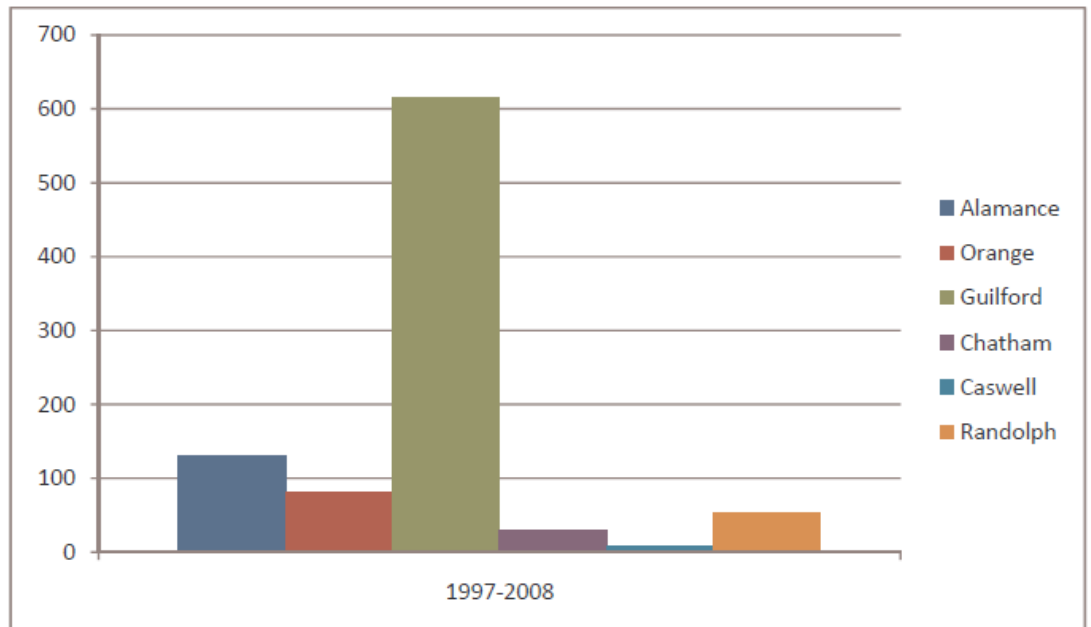
NC Gonorrhea Cases by Rate in Alamance and Surrounding Counties



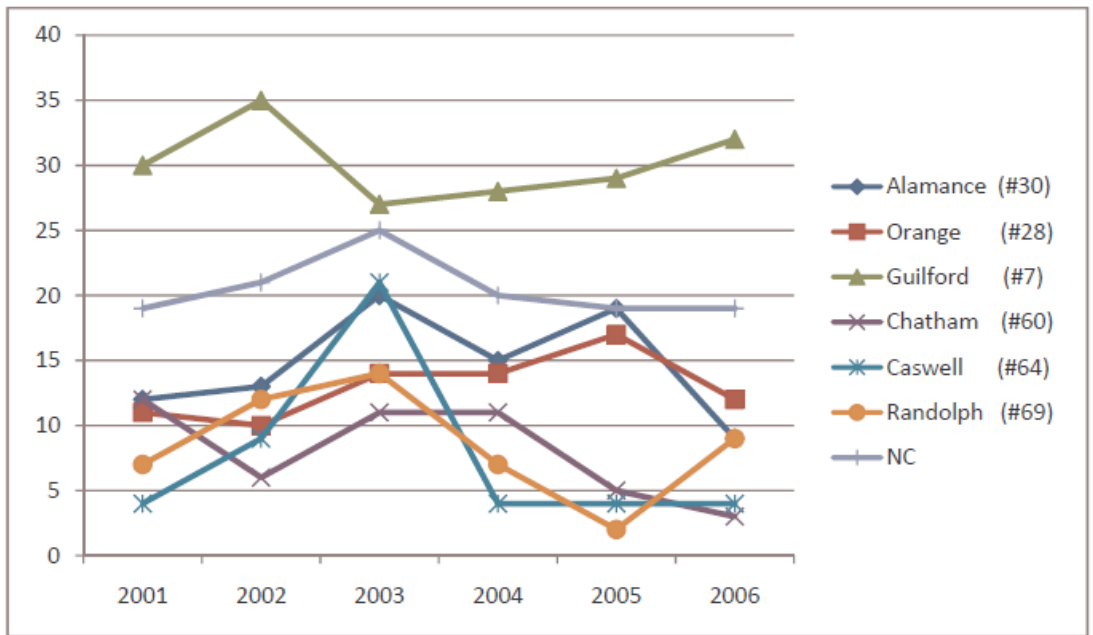
NC HIV Disease Cumulative Cases in Alamance and Surrounding Counties, 1997-2008



NC AIDS Cumulative Cases in Alamance and Surrounding Counties, 1997-2008



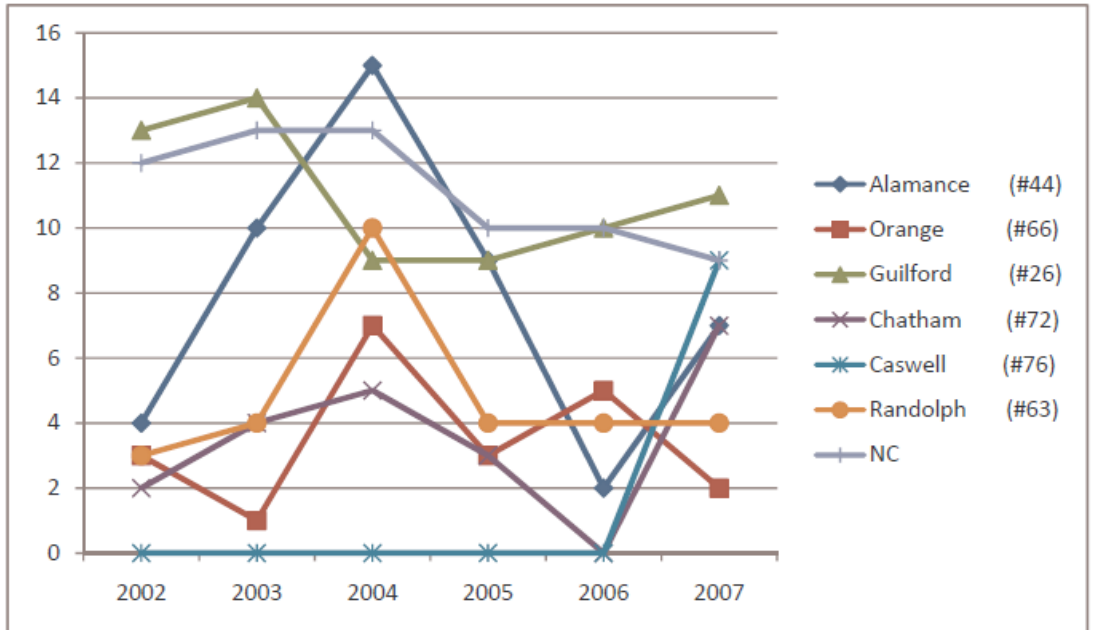
NC HIV Disease Cases by Rate in Alamance County and Surrounding Counties



Rate is per 100,000 population.

(#) = County's rank in 2007

NC AIDS Cases by Rate in Alamance County and Surrounding Counties

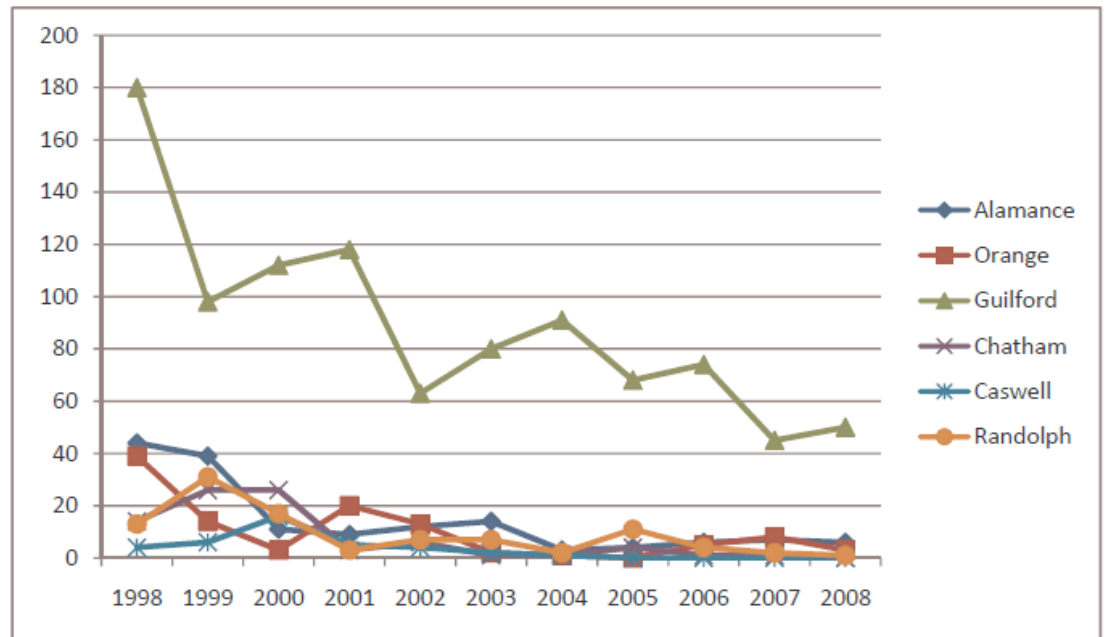


Rate is per 100,000 population

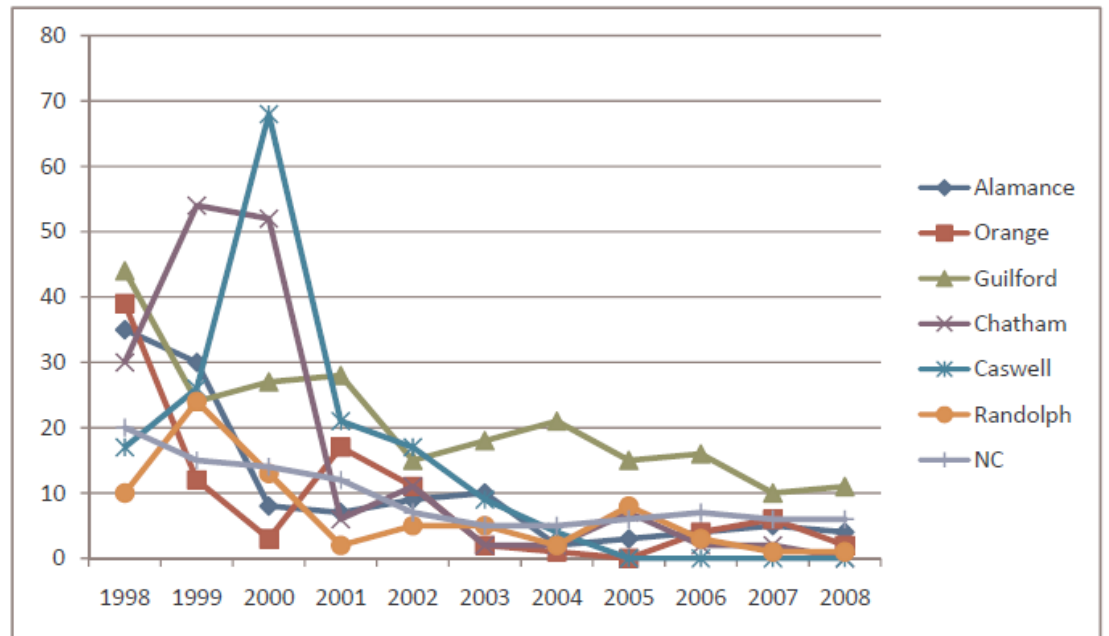
(#) = County's rank in 2007

Information per HIV/STD Prevention and Care Website, www.epi.state.nc.us/epi/hiv/

NC Early Syphilis (Primary, Secondary, and Early Latent) Cases in Alamance and Surrounding Counties



NC Early Syphilis (Primary, Secondary, and Early Latent) Rates in Alamance and Surrounding Counties



Rate is per 100,000 population

Dr. Shapley-Quinn discussed that Alamance County's STD rates compare with those of surrounding counties and is lower than the state rates. Approximately 2 years ago, this data was submitted by providers to the health department. Now, this data is entered directly into an electronic system. UNC had neglected to submit a large number of data cards that have now been entered into the system, so these numbers will be reported in 2008 and 2009, and will show an increase.

X. Health Director's Report

Mr. Barry Bass reported that on October 8, 2009, Healthy Alamance was certified as a Healthy Carolinians Community. Also, at that meeting, the Charles Blackmon Leadership Award was awarded to Healthy Alamance along with a \$1,000 stipend. The award recognizes Alamance County in its effort to eliminate health disparities. The Governor's Taskforce presented the award to April Durr, Healthy Alamance Coordinator. The Board of Health congratulated Healthy Alamance.

Mr. Bass stated that Board Chairman, Mr. Gooch's third term is expiring on December 31, 2009. Mr. Gooch has agreed to approach another pharmacist for his replacement. Dr. Blocker's term is expiring also. Mr. Bass will approach him regarding his interest to continue into another term. Mr. Bass also stated that he has inquired if Dr. Roberta Osborn would consider serving a term on the Board of Health. Since she is no longer affiliated with our Children's Dental Clinic, she would be a candidate for appointment.

XI. Old Business

A. Policy on Confidentiality and Release of Medical Records

Mr. Bass presented a revised Policy on Confidentiality and Release of Medical Records.

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE PUBLIC’S
HEALTH IN ALAMANCE COUNTY”



Alamance
County
Health
Department

EveryWhere.EveryDay.EveryBody.

POLICY ON CONFIDENTIALITY AND
RELEASE OF MEDICAL RECORDS

APPROVAL DATE BY BOARD OF HEALTH:

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Administration
Effective Date:			
Revised Date:			

- I. **GOAL:** Every Alamance County Health Department employee (see II below*), shall respect the privacy of individual patients/clients of the Health Department by adhering to the rules and regulations which govern access to patient/ client records and the information contained therein.
- II. **PURPOSE:** To provide Alamance County Health Department staff the information necessary to minimize breaches of client confidentiality and privacy through unauthorized release of patient /client medical information.
- III. **REFERENCES:** North Carolina GS § 8-53; Health Insurance Portability & Accountability Act of 1996 - 45 CFR Parts 160 and 164;
- IV. **DEFINITIONS:**
 HIPAA- Health Insurance Portability & Accountability Act of 1996 provides protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI).
 Privacy Officer- serves as primary point of contact for all privacy related issues.
 Minor- person under the age of 18 (according to NC GS §90-21.1)
- V. **FOCUS POPULATION:** All clients served by the Alamance County Health Department
- VI. **POLICY:**

Although most records kept by state agencies are available to the general public, under North Carolina’s Public Records Act (see North Carolina General Statute § 8-53), medical records are an exception. Legal authorities recognize a health care provider’s duty to keep medical information private. Breach of confidentiality/privacy through unauthorized release of patient/client medical records may result in litigation against the employee involved, agency personnel, Board of Health and County government.

North Carolina law and the North Carolina Administrative Code require that the Local Health Departments maintain accurate, complete and organized medical records on each patient for which medical services are provided. The Alamance County Board of Health is an oversight agency and is authorized to review and audit the actions of the Department with regard to their compliance with Federal, State and local regulations and policy. Each duly appointed member of the Alamance County Board of Health is a covered entity as that term is defined by the HIPAA law, and as such is entitled to use, review and maintain the confidentiality of the medical records generated by the employees of the Alamance County Health Department.

Alamance County Health Department

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Any information of a medical nature in possession of the Alamance County Health Department including all medical records or any oral or written communications pertaining to medical care shall be considered confidential. Medical records will be released only in accordance with HIPAA guidelines and following procedures outlined in the ACHD HIPAA manual.

No Health Department employee* shall knowingly use any patient/client medical information and/or medical record in a manner that could jeopardize the interests of the patient/client. Further, a Health Department employee* shall not divulge the name of any patient/client, the program through which services were rendered, or the setting, including clinic, home, school, industry or community, in which patient/client was seen. However, the Health Department may use a patient/client record to defend itself or its personnel against claims made by the patient/client, government agencies, or other regulating boards or agencies.

At no time shall any personal identifying information for any patient receiving medical services through the Alamance County Health Department be kept in any location other than the official medical record of the patient. Further, all information forwarded to third parties pursuant to a request or release of information, shall include each and every name or alias used by the patient known to the Alamance County Health Department employees.

Identifying information for all clients receiving services through the Alamance County Health Department will be maintained in a secure and appropriate manner. This includes information contained in the medical record and all other locations that may be necessary (for example, call back rosters, tickler lists, lab reports not yet filed, clinic schedules, computer screens, etc) to provide efficient services.

Staff Affected by this Policy*

- A. Nursing Staff (RN's and Student Nurses)
- B. Physician Extenders
- C. Physicians
- D. Lab Technicians
- E. Community Health Technician
- F. WIC Staff
- G. Administration
- H. Clerical Support staff
- I. Health Educator
- J. Dentist
- K. Dental Hygienist

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- L. Environmental Health Staff
- M. Social Workers
- N. Other DSS Eligibility Caseworkers

VII. SERVICE PLAN

- A. No member of the Health Department staff shall release records or copies of records **directly** to any attorney, insurance company or other unauthorized person, nor shall staff remove any records from the Health Department for review by any attorney, insurance company, or other unauthorized person **in response to a legal matter. (see Special Conditions, B, 5 & 6 below)**
- B. All requests for medical records shall be processed in accordance with agency HIPAA guidelines.
- C. A signed and dated authorization from the patient/client must be obtained before any medical information is released. The patient/client must produce a picture identification to verify authorization if requested to do so.
- D. Information may be released to another agency **or individual** upon receipt of an appropriate authorization signed and dated by the patient/client **or their representative.**
- E. The attending physician(s) may use the patient/client record only in conjunction with providing treatment, payment or health operations to/for that patient/client.
- F. Information contained in a patient's/client's record may be released to the Health Department's attorney in the event the Health Department or any of its personnel is named in a lawsuit involving a current or past patient/client.
- G. Verbal requests for information from other than the attorney for the Health Department shall not be honored.
- H. **Release of information is not required in circumstances permitted by law and/or in emergency treatment situations.**

Special Conditions

- A. Control of access to a minor's medical records is determined by the minor's ability to legally consent to medical treatment.

A minor, who is legally permitted to consent to his own medical treatment under North Carolina General Statute § 90-21.5, controls access to those medical records. Otherwise, a parent, guardian, custodian or person in loco parentis

Alamance County Health Department

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controls access. Emancipated minors (either married or emancipated by court order) are considered adults and control access to their own medical records. Proof of emancipation shall be required.

- B. The following are exceptions to the policies concerning confidentiality and release of medical records and are outlined in the agency Notice Of Privacy Practices (NOPP):
 - 1. Statutory reporting requirements (communicable disease, cancer, child abuse, as allowed under HIPAA)
 - 2. Third party reimbursements as allowed for treatment, payment & healthcare operations (TPO)
 - 3. Governmental and quality review audits
 - 4. The “duty to warn” when it appears that the patient is a danger to himself or others.
 - 5. Court order is **required** to release medical records in all legal matters.
 - 6. Subpoenas for testimony (issued by attorneys, private parties, or other agencies):
 - a. A subpoena for testimony may be served via telephone by the Sheriff’s Department
 - b. The Nursing Director and/or Health Director shall be informed of all subpoenas served upon a Health Department employee.
Information regarding the subpoena may be shared with other’s as deemed appropriate.
 - c. The Nursing Director, Health Director and the attorney for the Health Department shall determine the appropriate response to the subpoena by either:
 - (1) Filing a motion to quash (suppress testimony)
 - (2) Forwarding the appropriate documents to the party subpoenaing the documents
 - (3) Directing the person subpoenaed to testify to the medical record.

- VIII. APPENDIX:
 - A. Signature page- Confidentiality and Release of Medical Records Policy
 - B. Confidentiality Code
 - C. **Procedure for handling Authorizations**

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Administration
Effective Date:			
Revised Date:			

Appendix A

Confidentiality and Release of Medical Records Policy

I have read and understand the attached Confidentiality and Release of Medical Records Policy. I agree to uphold this policy. I understand that breach of this agreement, may constitute a disciplinary action or legal implications.

Signature _____ Date _____

Authorized Health Department Representative _____ Date _____

Alamance County Health Department

Title:	Policy on Confidentiality and Release of Medical Records	Policy Number:	
Approved by:	Alamance County Board of Health	Program Area:	Administration
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Appendix B

Confidentiality Code

Each employee of the Alamance County Health Department is required by Federal law, Federal regulation, State law, State Agency, and the Alamance County Health Department to respect the privacy of individual patients/clients by adhering to the rules and regulations which govern access to patient/client records and the information contained therein.

The patient/client has the right to every consideration of privacy concerning his/her medical care program. The client has the right to expect that all communications and records pertaining to his/her care be treated as confidential. The client has the right and is free to discuss the services he/she receives from this Agency with anyone at any time. Employees do not have the right to divulge to anyone at any time the patient's/client's name, the program through which services were rendered or having seen the patient/client in clinic, home or school.

Employees must be aware of legalities involved. Breaches of patient/client privacy may result in litigation against the employee, Agency personnel, Board of Health and County government.

Rev 06-18-08

Mr. Bass explained the policy was discussed at the previous Personal Health Committee and recommended to bring before the board.

A motion was made by Dr. Reid Woodard to approve the Policy on Confidentiality and Release of Medical Records as presented. The motion was seconded by Dr. Donald Courtney and approved unanimously by the board.

XII. New Business

A. WIC Proposal

Mr. Barry Bass presented the board with a proposal to increase WIC staff.

Proposal to increase staffing in WIC clinic

My appointment to the WIC Program as the Director took place on June 22 of this year. During the last 4 months I have been able to assess the needs of the program and have made some discoveries.

WIC is a 100% federally funded supplemental nutrition program that has existed for over 30 years. The basis of the program is to prevent infant mortality, preterm births and improve medical and nutritional outcomes for eligible participants at or below 185% of the poverty level. The WIC Program is not food stamps. There is criteria that needs to be met in order to receive program services. Nutrition education and counseling is a vital component to the effectiveness of the program. The Nutritionists need time to develop an individualized nutritional plan of care for each participant. In order to accomplish this goal there needs to be adequate time to complete their nutrition assessment and then deliver the education and counseling.

Our caseload has been steadily increasing every year. Along with the caseload increase a funding increase as occurred – every time. The last adjustment to staffing was made 3 years ago when a part-time Nutritionist position became full time to meet caseload demand in 2006. The caseload has since grown by 1300 participants in the last 3 years. We received notification by the state WIC office on 10/14 of another increase in assigned caseload to 4500 participants with a budget increase of \$66,000 effective immediately. Presently, the WIC Program generates 3.7 million dollars for Alamance County in the redemption of food vouchers and will continue to create a financial stimulus to the local economy as long as the caseload demands are able to be met. A recent state audit conducted in August revealed that the Alamance County WIC Program is not meeting the processing standards as established by the USDA. Clients are waiting 2 months for an appointment when they are required to be seen in the first 10 days of proving eligibility. Over the last several years WIC funds have been impounded by the county to adjust staff salaries and expand the physical space. It is critical at this juncture that we take action to ensure the delivery of the nutrition education and be competitive with counties where we draw our Nutritionist candidate pool. The Office of State Personnel will be asked to review Nutritionist job positions to require a Registered Dietician (RD) Certification or master's level education in nutrition for the Nutritionist II position which functions at an experienced skill level.

One area of concern is pregnant women and infants who are waiting for a nutrition assessment by a Nutritionist for 2 months due to the saturated appointment schedule and lack of adequate staffing. We have just celebrated an improvement in infant mortality rates in Alamance County. WIC Program services is critical to the prevention of preterm babies and infant death. We have been working on developing our partnerships with medical providers through phone contact and personal office visits. I attended the pediatric committee meeting at ARMC on 10/14 to promote the new WIC food package and attempt to streamline services between physicians and WIC nutritionists. We need to demonstrate to local physicians that WIC is an effective program and can assist them in improving medical and nutritional outcomes for their patients. Their patients. Our clients. They are one in the same.

Developing WIC program services and being a resource to physicians will help build a strong medical community that wants to establish a base here in Alamance County.

The increase in staffing will help us to deliver the nutrition message effectively to clients to promote positive dietary changes. The kick-off for the New WIC Foods Package was celebrated on 10/1. This food package is the first radical change of its kind in the 30 years the program has been in existence. We can now offer our clients whole grain foods, fruits and vegetables, tofu, infant fruits, vegetables and meats, canned beans and salmon just to name a few examples. We have also reduced the amount of foods that contain sugar, sodium, fat and cholesterol. All in an effort to reduce the growing obesity rates in the country and meet the directive from the federal government to address the need for healthier lifestyle changes. During the new foods kick-off our clients were exposed to tasting the new foods, were provided education by a Registered Dietitian who guided them in the use of the new WIC foods by demonstrating how to create a meal and were given recipes. We had a Spanish interpreter translate for our Spanish speaking population. The clients were very receptive to the information and the foods they received at the event. This is the standard that I am choosing to set to deliver nutrition information to all of our clients.

We are seeking to add a Nutritionist III position which will have the qualifications to assess specialized cases. Our high risk caseload now comprises 25% of our population. Another important assessment I made is in the growth of our Spanish population. Spanish clients grew from 31% to 38% of our caseload in the last five years. During this time, whites declined from 41% to 38%, blacks declined from 27% to 24% and Asians remain less than 1% of our population. The need for more Spanish interpreter hours has become more apparent to provide best services and outcomes. We contracted with a Spanish interpreter for the month of September and October to counsel English and Spanish speaking clients on the new WIC foods package. Clients will continue to need reinforcement of nutrition education utilizing the shopping guide to purchase approved foods as well as preparation techniques and designing meal patterns. Therefore, we are seeking to use our clerk/Spanish interpreter and utilize her full time as a Spanish interpreter opening up a position for a full-time WIC eligibility caseworker.

To summarize:

We are requesting increased staff to meet the caseload demand and not continue to be non-compliant with government regulations: we need a Nutritionist III high risk RD, full-time WIC eligibility caseworker, reclassifying processing assistants to hold the title of WIC eligibility caseworkers and place It is our hope that the county embraces these changes knowing with certainty that WIC program federal funds can support the growing needs of Alamance County.

Mr. Bass explained that Ms. Michele Herbek presented this information at the previous Personal Health Committee meeting. At that time, the committee made motion for the Board of Health to approve the staffing increase as proposed.

A motion was made by the Personal Health Committee to approve the WIC staffing increase as presented. The motion was seconded by Ms. Kara Marshall and approved unanimously by the board.


Mr. Charles Wilson inquired if the WIC program was able to use the \$70,000 of federal monies by the end of September. Ms. Bradsher reported that WIC had to send approximately \$45,000 back to the state, which is redistributed among the other WIC programs in the state. Mr. Bass stated that no food was purchased with the monies, but WIC was able to purchase a good supply of educational materials to distribute to clients.

B. Media Policy

Mr. Eric Nickens presented the board with a revision to the current Media Policy.

ALAMANCE COUNTY HEALTH DEPARTMENT

“COMMITTED TO PROTECTING AND IMPROVING THE
PUBLIC’S HEALTH IN ALAMANCE COUNTY”



EveryWhere.EveryDay.EveryBody.

MEDIA POLICY
04-04

APPROVAL DATE BY BOARD OF HEALTH:

10/1/05

SIGNATURES:

Chair, Board of Health

Health Director

Division Manager

Title:	Media Policy	Policy Number:	04-04
Approved by:	Alamance County Board of Health	Program Area:	Health Education and Health Promotion
Effective Date:	6-14-05		
Revised Date:	10-1-06, 6-9-09		

I. GOAL

- A) To ensure that all information to the media and the public from the Alamance County Health Department is timely, accurate, credible, and accessible to special populations.

II. PURPOSE

- A) The purpose of the Media Policy is to give staff clear and concise procedures to follow when providing information to the media, public, elected officials, government and community agencies, and medical providers. It also provides guidelines for the release of information.

III. REFERENCES

- A) North Carolina General Statutes 132.6, North Carolina General Statutes 132.1, North Carolina General Statutes 153A-98, Title VI Limited English Proficiency Policy, Americans with Disabilities Act, HIPAA Policy.

IV. DEFINITIONS

- A) **Media:** Includes reporters/journalists/photographers from newspaper, radio, television
- B) **Mass Media Communications:** Verbal or written forms of communication that are mass produced or distributed such as newspapers, cable or radio.
- C) **Media Contact List:** Attachment 1, a form used for collective information from the media to prepare for an interview or for information dissemination.
- D) **Routine:** A detailed course followed regularly; standard procedure.
- E) **Controversial:** A dispute characterized by opposing views.
- F) **Communication:** The exchange of ideas, messages, or information, as by speech, electronic, signals, or writing.
- G) **Blast Fax:** Written or visual communication sent specifically to pre-designated fax numbers.
- H) **Email:** Written or visual communication sent specifically to a pre-designated email address or groups of address.
- I) **Newsletters:** written communication distributed to a designated group or audience.

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Approved by:	Alamance County Board of Health	Program Area:	Health Education and Health Promotion
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- J) **Public Information Officer (PIO):** An official responsible for the formulating and coordinating the dissemination of public information with both the electronic and written media, ensuring that accurate information is being released to the general public. The Health Education Supervisor is designated as PIO.
- K) **Web Postings:** written or visual communication that is posted to the Health Department's website.
- L) **Workforce/Staff:** Employees, contract personnel, volunteers, trainees, students and other persons who perform work or service on behalf of Alamance County Health Department.

V. FOCUS POPULATION

- A) The population of focus for this policy is residents of Alamance County.

VI. POLICY

- A) The policy of the Alamance County Health Department is to ensure that requests for public health information result in the release of accurate and relevant information in a timely manner. Release of public health information to the media, or release of public health information that is not considered to be routine should be routed through the chain of command. Media requests will receive a response within 24 hours. All other request will receive a response within 48 hours or sooner when possible.

VII. SERVICE PLAN

- A) Handling Media & Public Inquiries
 1. Notification of all media requests and inquiries must go to the Public Information Officer (Health Education Supervisor).
 2. The Public Information Officer will then determine how to best respond to inquiry and identify the appropriate spokesperson.
 3. The Public Information Officer will refer budget, policy, legislative, legal, personnel issues and controversial topics to the Health Director.
 4. Release of routine public health information by staff may be released to the public as designated in program policy.

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VII. Notification Procedure

A) Notification of all media requests and inquiries must go to the Public Information Officer or the assigned backup Public Information Officer.

1. Notification should be done by calling the Public Information Officer's cell phone (contact information listed at bottom of page 4 and listed on the Master Telephone Listing) and the Public Information Officer will immediately call the employee for information. As much of the following information should be provided.

- Time of media contact
- Name of media outlet
- Reporter's name
- Topic
- Questions

2. Public Information Officer's Responsibilities:

- The Public Information Officer should consider this policy and evaluate the appropriateness of the request and how to respond. The Public Information Officer will assist the appropriate spokesperson in preparation or presentation of the response.
- Ensure that the Health Director has been informed of the media contact.
- Ensure that media on the Alamance County Health Department campus is escorted at all times by the PIO, the PIO's designee, or a member of Leadership Team.
- Ensure that a backup Public Information Officer is appointed when the primary Public Information Officer is not available. The PIO and the designated backup PIO will insure that the health department switchboard and Leadership Team has the backup's most up-to-date contact information throughout the duration of the primary Public Information Officer's absence.
- The primary Public Information Officer shall ensure that voicemail messages (cell and land line phones) and e-mail

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Out of Office Reply Messages clearly communicates how to reach the backup PIO during regular business hours. If a media inquiry call is received outside of regular business hours on the primary Public Information Officer's cell phone, h/she will provide the inquiring media outlet the contact number for the backup PIO on duty.

- Ensure that public health information is accurate and replicable.
- Ensure that information dissemination is culturally and linguistically appropriate and accessible to special populations as needed/required based on Title VI policy.
- Ensure that the release of information adheres to NC General Statute 132 and ACHD HIPAA policies.
- Create, approve, and disseminate press releases
- Coordinate interpretation of press releases and public health information as necessary and distribute through culturally and linguistically appropriate channels.
- File and update Media Contact Checklist (Attachment 1).

B) Notification of Potentially Newsworthy Events

1. It is the responsibility of Alamance County Health Department employees to notify the Public Information Officer about potentially newsworthy events as quickly as possible. Immediate notification should be made by pager. The Public Information Officer will immediately consult with the Health Director.
2. Examples of potentially newsworthy events include, but are not limited to, the following:
 - Deaths of patients that may be attributed to anything other than natural causes due to negligence of staff, etc.
 - Serious injuries to patients while on government property
 - Serious injuries to staff from any cause while in line of duty
 - Alleged criminal activities of staff like rape, assaults, embezzlement
 - Arrests of any staff
 - Potential losses of accreditation and/or federal funding due to failure to meet standards
 - Serious destruction of property from any cause
 - Serious disruptions of routine procedures.

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- Serious problems at a public health facility
- Outbreaks or potential outbreaks of communicable diseases

3. It is the Health Director's responsibility to notify the Chair of the Board of Health as soon as possible regarding potentially newsworthy events.

VIII. News Releases

- A) All news releases must first go through the Public Information Officer who will get approval from the Health Director. Divisions do not have the authority to issue news releases without prior review and approval. Either the Public Information Officer or other persons familiar with the information can write the news/press release. The Public Information Officer will also distribute the release and make appropriate follow through with the media. News releases shall be released verbally and/or in written form to special populations who are limited-English proficient.
- B) Media resources (radio, television and newspaper) will be listed in a Media Contact List (Attachment 1) that is accessible to all staff authorized to provide information to the media. This directory shall be updated regularly and will be housed with the Public Information Officer.

IX. Inspection and Examination of Public Records by Media

- A) Based upon N.C.G.S. 132.6, every person having custody of public records shall permit them to be inspected and examined at reasonable times and under supervision. Reasonable times are defined as the regular business hours of the Health Department and at the convenience of the custodian. The custodian is defined as the public official in charge of an office having public records. Public records are those as defined in N.C.G.S. 132.1 associated with the transaction of public business.
- B) The following information contained in personnel records of county employees are considered public record: name, age, date of original employment or appointment to the county service, current position title, current salary, date of the most recent increase or decrease in salary, date of the most recent promotion, demotion, transfer, suspension, separation or other change in position classification, and the office to which the employee is currently assigned. All information contained in a county employee's personnel file, except as noted above, is confidential and shall be open to inspection only in the instances noted in N.C.G.S. 153A-98.

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- C) Fee charges for copies will be assessed at the current rate established by the Alamance County Manager's Office. If records are copied onto a computer disk, a charge will be assessed based on the cost of the disk.

X. Confidentiality

- A) Patient/client consent is required for photography, filming, or interviewing by the media. All patient/client information is confidential and cannot be released to the media without signed consent from the patient/client. The Public Information Officer has the consent form that the client must sign. (Attachment II)
- B) Confidential communications shall include written communications and copies made within the scope of the attorney-client relationship by any attorney-at-law serving a governmental body. Such written communications and copies shall not be open to public inspection, examination or copying unless specifically made public by the governmental body receiving such written communications, provided, however, that such written communication and copies shall become public records as defined in General Statute 132.1 three (3) years from the date such communication was received by such governmental body.

CONTACT INFORMATION –

Eric Nickens, Jr., Lead Public Information Officer
Cell Phone Number: (336) 264-7037

Amanda Marvin, Backup Public Information Officer

Kelley Ritz Kimrey, Backup Public Information Officer

XI. APPENDIX

- A. Media Contact List
 B. Patient/Client Consent Form

Mr. Charles Wilson inquired about the procedure of appointing a backup PIO. Mr. Nickens replied that it is his responsibility to appoint the backup. Both designated backup PIOs have received PIO training.

A motion was made by the Ms. Kara Marshall to approve the revised Media Policy as presented. The motion was seconded by Dr. Reid Woodard and approved unanimously by the board.

XIII. Other

Mr. Bass stated that due to hectic schedules with H1N1 vaccination clinics, Board of Health packets were sent electronically instead of by mail. Mr. Bass proposed continuing to send the packets electronically prior to each meeting. This would provide a cost savings by not having to make extra copies and eliminate postage all together. Board members agreed to receive packets electronically.

XIV. Closed Session

The meeting went into closed session per N.C. General Statute 143-318.11 (a) (6) at 8:00 p.m. on a motion by Dr. Donald Courtney for the purpose of discussing a personnel issue. The motion was seconded by Ms. Kara Marshall.

The closed session adjourned into open session at 8:17 p.m. on a motion by Mr. Michael Venable and second by Dr. Reid Woodard.

Mr. Gooch announced that a personnel matter was discussed during the closed session.

XV. Adjournment

With no further action or discussion, the meeting adjourned at 8:18 p.m.

ALAMANCE COUNTY BOARD OF HEALTH

Mr. James Gooch, Chairman

Mr. Joseph B. Bass, Jr., Secretary