PRIVACY ACT STATEMENT - NOAA HEALTH AND MEDICAL RECORDS

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

Section 319 of the Public Health Service (PHS) Act (42 U.S.C. 247d); Coronavirus Aid, Relief, and Economic Security (CARES) Act, Public Law 116-136, Div. B., Title VIII, sec. 18115, 134 Stat. 574 (codified in 42 U.S.C. 247d note); 21 U.S.C. 360bbb-3; Rehabilitation Act, 29 U.S.C. 701 et. seq.; Americans with Disabilities Act of 1990, as amended, 102(d), 42 U.S.C. 12112(d); 29 CFR part 1602; 29 CFR part 1630; Medical Examinations for Fitness for Duty Requirements, including 5 CFR part 339; Workforce safety federal requirements, including the Occupational Safety and Health Act of 1970, Executive Order 12196, 5 U.S.C. 7902; 29 U.S.C. chapter 15 (e.g., 29 U.S.C. 668), 29 CFR part 1904, 29 CFR part 1910, and 29 CFR part 1960; and the Genetic Information Nondiscrimination Act of 2008, 42 U.S.C. 2000ff to ff-11, and 29 CFR part 1635; 45 CFR Part 160 and Subparts A and E of Part 164; and other federal laws, regulations, Executive orders, or guidance related to the specific public health emergency or similar health and safety incident, including guidance issued by the Office of Management and Budget, the Centers for Disease Control and Prevention, or other appropriate agency or entity, as applicable. The information will not be shared outside of NOAA except in accordance with the published routine uses as identified in the Privacy Act System of Records Notice, COMMERCE/NOAA–24, NOAA HEALTH AND MEDICAL RECORDS

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Records are maintained and used to fulfill NOAA's responsibility of medically clearing embarking personnel on NOAA ships and aircraft and personnel performing diving activity and also to provide medical care as required in support of NOAA's mission.

3. ROUTINE USES:

To medically clear individuals who are embarking on NOAA ships and aircraft, individuals who perform diving tasks supporting NOAA's mission, and also to provide patient care as required to support mission activities; To ensure the proper maintenance of records required to be retained on a long-term basis to meet the mandates of law, Executive Orders, or relevant regulations; To provide data necessary for proper medical evaluations and diagnoses, to ensure that proper treatment is administered, and to maintain continuity of medical care; To share the data as needed for the care, treatment, or transportation of the patient; To provide an accurate medical history of the total health care and medical treatment received by the individual as well as job and/or hazard exposure documentation and health monitoring in relation to health status and claims of the individual; To enable the planning for further care of the patient; To provide a record of communications among members of the health care team who contribute to the patient's care; To provide a legal document describing the health care administered and any exposure incident; To provide a method for evaluating quality of health care rendered and job-health-protection including engineering protection provided, protective equipment worn, workplace monitoring, and medical exam monitoring required by Occupation Safety and Health Administration (OSHA) or by good practice; To ensure that all relevant, necessary, accurate, and timely data are available to support any medically related employment decisions affecting the subject of the records (e.g., in connection with fitness-for-duty and disability retirement decisions); To document claims filed with and the decisions reached by the Office of Workers' Compensation Programs (OWCP) and the individual's possible reemployment rights under statutes governing that program; To document employee's reporting of on-the-job injuries or unhealthy or unsafe working conditions, including the reporting of such conditions to OSHA and actions taken by that agency or by the employing agency; To ensure proper and accurate operation of any employee drug testing program activities conducted under Executive Order 12564; To ensure proper and accurate operations of the NOAA's infectious disease testing program, including testing of diseases covered under Executive Order 13996 such as in the case of national emergencies, such as for SARs-CoV-2 (COVID-19) and related HIPAA disclosures; To facilitate communication among members of an on-site health and wellness program and to the individual employee participating in the program; and To enable evaluation of the effectiveness of on-site health and wellness programs. Disclosure of this information is also subject to all of the published routine uses as identified in the System of Records Notice, NOAA-10, NOAA Diving Program, NOAA-22, NOAA Health Services Questionnaire (NHSQ) and Tuberculosis Screening Document (TSD), and OPM/Gov't-10, Employee Medical File System Records.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you do not wish to participate in these services or to provide the requested information, you are not required to do so. However, if you decline the health services required for job-related clearances, the absence of documented medical clearances may impact your employer's authority to permit you to perform certain functions of your position. You should consult with your supervisor in this matter. Further, this may also impact your ability to embark on a NOAA vessel or aircraft. Health services may not be able to assist in clearing an individual in instances of declining required health services for clearance, however, if aboard a vessel or aircraft care will not be denied. This all-inclusive Privacy Act Statement will apply to all requests for personal information made by NOAA Office of Health Services.

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National Oceanic and Atmospheric Administration
Office of Health Services
NOTICE OF PRIVACY PRACTICES

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

AUTHORITY FOR COLLECTION OF INFORMATION

- The underlying Privacy Act of 1974
- The NOAA Privacy Policy, as well as the DOC Electronic Transmission of PII Policy
- The HIPAA regulations, and
- The NOAA CUI Policy.

The NOAA Office of Health Services (OHS) is committed to protecting the privacy and security of our patients' confidential health information. We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. If you have any Questions about any part of this notice or if you want more information about the privacy practices at NOAA, call the Health Services director. This notice provides you with the following important information:

- How we use and disclose your health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

Effective Date of This Notice: April 14, 2003. The terms of this notice apply to all designated and maintained NOAA records containing your protected health information that are created by our organization. We reserve the right to revise or amend our Notice of Privacy Practices. Any revisions or amendments to the Notice will be effective for all of your records created or maintained in the past as well as any records we create or maintain in the future. We will post a copy of the most current Notice in a prominent location on site. We will also post the most current Notice to our organizational website. NOAA will abide by the terms of the notice in effect. At any time, you may request a copy of our most current Notice. You will be asked to acknowledge receipt of the Notice of Privacy Practices in writing during an encounter.

Who Will Follow Our Privacy Practices: NOAA provides care to our clients in partnership with physicians and other professionals and organizations. Our privacy practices will be followed by:

- Any health care professional who cares for you at either in the clinic, on board ships, or at other health care facilities where NOAA medical personnel may provide care.
- All members of our workforce including employees, medical staff members, students, and volunteers.

How NOAA Will Use and Disclose Your Protected Health Information: We are committed to ensuring that your health information is used responsibly by your organization. We collect health information about you and store it in paper records and computer files. We may use and disclose information on about you for the following purposes:

1. Treatment Purposes: We may use or disclose your health information for treatment purposes. While a patient at our organization, we may find it necessary to share your health information with physicians, nurses, lab and radiology technicians and others involved in your care. We may also share your health information with other healthcare organizations that may participate in your care and treatment such as a hospital where you may be transferred or such as providing a copy of your ER visit to your primary care physician so he/she can provide follow up care.

2. Full release of pertinent medical records will be made to the Command Officer / Executive Officer / medical officer of the ship to which a NOAA officer, civilian employee or scientist is assigned. This is in line with the requirement to support the health and safety of the client aboard ship.

3. Payment Purposes: Your health information may be used or disclosed with your consent for payment purposes. It may be necessary for us to disclose your health information so that treatment and services that we have provided may be billed and collected from you, your insurance company, or other party responsible for payment.

4. Health Care Operations: Your health information may be used for our organizational operations that are necessary to ensure that we provide the highest quality of care. For example, your health information may be used for performance improvement purposes.

5. Information Provided to you: We may use your health information to assist us in communicating with you regarding appointment reminders, test results, and treatment information. Our communications to you may be by phone, email, or by mail.

6. Facility/Patient Directory: We will list your name, and where you are assigned in the organization in our database. The health information portion will be used by medical personnel, and will be provided to operations and the captain / executive officer of the ship to which you are assigned. If you do not want us to release this information, this may make you ineligible to work for NOAA.

7. Notification and Communication with Family and Friends: Your health information may be disclosed to notify a family member, your personal representative, or other responsible person for your care about your location, your general condition, or in the event of death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.

8. Required by Law: As required by law, we may use and disclose your health information to law enforcement agencies for purposes such as identifying or locating a suspect, fugitive, a material witness or missing person.

9. Correctional Institutions: If you are an inmate of a correctional institution, we may disclose to the institution your health information necessary for your health and the health and safety of others.

10. Public Health: As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child or elder abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration (FDA) problems with products and reactions to medications; and reporting disease or infection exposure.

11. Health Oversight Activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings authorized by law.

12. Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your health information in response to a court or administrative order.

13. Deceased Person Information: We may disclose your health information to coroners, medical examiners, and funeral directors.

14. Organ Donation: We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

15. Research: We may disclose your health information to researchers conducting medical research that has been approved by our Ethics Committee.

16. Public Safety: We may disclose your health information to governmental agencies in order to prevent or assist when there is a serious threat to the health or safety of others or the general public.

17. Specialized Government Functions: We may disclose your health information for specialized government purposes which include: military and veterans activities, national security and intelligence activities, protective service of the President/others; medical suitability determinations for Department of State officials, correctional institutions and law enforcement custody situations, or provision of public benefits.

18. Worker's Compensation: We may disclose your health information in compliance with Workers Compensation Laws.

19. Alternative Services: We may use your health information to give to you information about other treatments or health-related benefits and services that we provide and that may be of interest to you.

20. Electronic Transmission: We may transmit unencrypted personally identifiable information via e-mail to other government agencies or health care providers, in order to provide ongoing medical care or help arrange for payment for such care.

Other Uses of Your Health Information: In any other situations not covered by this Notice as noted above, we will ask for your written authorization before using or disclosing information about you. If you choose to authorize disclosure of information about you, you can later revoke that authorization at any time by notifying us in writing of your decision.

Your Rights Regarding Your Health Information: As a patient of NOAA you have certain rights with regard to the health information that is maintained by our organization. These rights are as follows:

1. You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, you may contact the NOAA Privacy Officer at NOAA.Privacy@noaa.gov.
2. With a few exceptions, you have the right to access, inspect and receive a copy of your health information. If we deny your request to review or obtain a copy of your health information, you may submit a written request for a review of that decision.
3. You have the right to request in writing that your health information be amended If you feel it is incorrect or incomplete. The request must be addressed to the Office of Health Services, OMAO, NOAA, 10th Floor, 1315 East-West Highway, Silver Spring, MD 20910. NOAA will review the request and make a determination as to whether or not an amendment will be made. If we did not create the information that you feel is incorrect or incomplete, we may deny your request. NOAA will communicate to you in writing the final decision on your request as well as provide information to appeal a denial of your request should it occur.
4. You have the right to receive your health information through a reasonable alternative means or at an alternative location in a confidential manner such as sending mail to an address other than your home.
5. You have the right to request in writing restrictions on certain disclosures of your health information. We will consider your request and determine our ability to carry out your request while not compromising your care.
6. You have a right to receive a list or accounting of those disclosures, which NOAA has made regarding your health information for purposes· other than treatment, payment or healthcare operations. Your request must state the time period desired for the accounting, which must be less than a 6-year period starting after April 14, 2003. The first accounting in a 12-month period is free; other requests may be charged according to our cost for producing the information.

If You Would Like to File a Complaint About How Your Health Information is Used and Disclosed: If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your access to your health information, you may contact our office manager at NOAA by emailing health.services@noaa.gov. Finally you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office of Civil Rights. NOAA cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment or retaliate against you for filing a complaint with the Secretary of Health and Human Services.

ACKNOWLEDGEMENT OF RECEIPT OF CONSENT, PRIVACY ACT STATEMENT AND NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Date of Birth: _____

By signing this form, you acknowledge that NOAA has given you a copy of its Privacy Act Statement, Notice of Privacy Practices explaining:

- How we use and disclose your health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

By signing this form I grant NOAA Corps Medical Affairs consent to gain access to my medical records for one year from the date on this form.

We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred. If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

_____

Patient's/Legal Representative Signature Date

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Staff member should complete if Acknowledgement Form not signed by patient/legal representative:

1. Does the patient have a copy of the Privacy Notice?

   ☐ Yes

   ☐ No

2. Please explain why the patient was unable to sign an acknowledgement form:

   ☐ Emergency Urgent: Admission with Patient Not Present for Registration

   ☐ Patient By-passed Registration - Not Available

   ☐ Patient Unable to Comprehend Notice at Time of Registration

   ☐ Other: _____

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Staff Member's Signature Date

Patient Name: _____