IF YOU DO NOT WISH TO HAVE YOUR CHILD VACCINATED AT HIS/HER SCHOOL PLEASE DO NOT COMPLETE THE FORM.

Dear Parent / Legal Guardian:

Onslow County Health Department (OCHD) is partnering with Onslow County Schools (OCS) to provide the North Carolina State required school vaccines per N.C. Immunization Law 10A NCAC 41A.040 and other recommended vaccines for your child during the school year 2022-2023.

In partnership and collaboration with Onslow County Schools through our in-school vaccine outreach, we provide recommended and required vaccines to help increase vaccine compliance rates and decrease lost school and work time.

- **Is your child 18 years old or younger and uninsured?** Any or all vaccines can be provided free of charge under North Carolina's Vaccines for Children Program (VFC).
- **Is your child 19 or older?** Must be covered by either Medicaid or private insurance to receive vaccines.

If you are not sure whether your insurance plan covers these immunizations, whether your insurance plan's premium is paid or whether your insurance plan will pay OCHD, please contact your insurance plan before returning the completed form to your child's school to reduce/avoid your out-of-pocket responsibility. Note: See the enclosed listing of insurance plans with which OCHD is in-network.

The following vaccines will be offered to each student:

FOR MIDDLE SCHOOL STUDENTS: (in the 7th grade during the school year 2022-2023)

- **Required vaccines: Tdap and Meningococcal (to receive Meningococcal child must be 11 years or older)**
- **Recommended Vaccines: HPV, Flu, and Hepatitis A**

FOR HIGH SCHOOL STUDENTS: (New to N.C., not up-to-date, or plan to attend college requirements)

- **Required vaccines: Tdap and Meningococcal**
- **Recommended vaccines: HPV, Flu, and Hepatitis A**

FORM INSTRUCTION:

If you **want** your child vaccinated at his/her school, **parent / legal guardian** you **must** do the following:

- Complete and sign the necessary sections A–F of the consent form
- Please check off which vaccine you would like for us to give your child.
- By checking the HPV option, you are consenting to your child receiving a maximum of 3 HPV to properly complete the series. The OCHD will return to your child's school in the spring to provide the additional doses in the series to complete it in the academic school year.
- Attach a copy of your child's shot record. **(If applicable).**
- Return the **completed** form to your child's school no later than September 8, 2022

Contact your child's School Nurse or an Immunization Nurse at the Onslow County Health Department, at 910-989-3992, with any questions or concerns.

Onslow County Health Department Immunizations Staff

QR Codes for Vaccine information

If shots wanted, return completed form by 09/08/2022

ONSLOW COUNTY SCHOOL
Initiative Immunization Outreach Clinic 2022-2023

A. STUDENT'S SCHOOL INFORMATION

School's Name:		Grade:		Teacher:	

B. STUDENT'S PERSONAL DATA

Student's Full Name (Last, First MI Suffix)		Birth Date (mm/dd/yyyy)		Age	

Sex: ☐ Male ☐ Female | **SSN (XXX-XX-XXXX)** | **Hispanic Origin:** ☐ Yes ☐ No

Mother's Maiden Last Name, First Name assist in the client de-duplication process in N.C. Immunization Registry (NCIR):

Race: ☐ White ☐ Black ☐ American Indian ☐ Asian ☐ Native Hawaiian / Other Pacific Islander ☐ Decline to Specify

Complete Mailing Address (Street, City, State, Zip):

Home Phone:	Cell Phone:	Work Phone:

C. STATEMENT TO CONSENT TO VACCINE. By my signature below, I show that I am legally authorized to give this consent and I:

- Have received the "Vaccine Information Statements (VIS) about the disease(s) and vaccine(s)
- Have had a d chance to review the statements and to ask questions that were answered to my satisfaction.
- Understand the benefits and risks of the vaccine(s).
- Request the vaccine(s) indicated below to be given to me or the person named above.
- Understand that in signing I am consenting to a maximum of three (3) HPV vaccines in order to properly complete the HPV series.

I want my child to receive the shot(s) checked: ☐ Hep A ☐ Tdap ☐ HPV ☐ Flu ☐ Meningococcal

Patient / Parent / Guardian Printed Name		Signature x:	Date:

E. ALLERGIES / COMMENTS:

Has your child had a severe reaction to a prior dose of the checked vaccine(s) or any of its components? ☐ Yes ☐ No

F. HEALTH INSURANCE INFORMATION (Attach a copy of the front and back of your insurance card(s), if applicable)

☐ Insured, provide insurance(s) information below. ☐ Uninsured, contact O.C. DSS (910) 455-4145 to apply for Medicaid

Primary Insurance Name		Insurance Policy # or Tricare DoD Benefit #	
Primary Subscriber Name		Primary Subscriber DOB:	

Student's Relationship to Subscriber: ☐ Self ☐ Child ☐ Other: | IMMUNIZATIONS COVERED? ☐ YES ☐ NO

Secondary Insurance Name		Insurance Policy # or Tricare DoD Benefit #	
Secondary Subscriber Name		Primary Subscriber DOB:	

Student's Relationship to Subscriber: ☐ Self ☐ Child ☐ Other: | IMMUNIZATIONS COVERED? ☐ YES ☐ NO

When applicable, I, the patient named above, or the patient's authorized representative, understand that I may be financially responsible to Onslow County Health Department (OCHD) for charges not covered by my medical insurance carrier(s). I authorize payment of medical benefits to OCHD on my behalf for services provided unless other arrangements have been made. I authorize the use of this signature on all insurance submissions whether manual or electronic. In addition, I agree to repay OCHD any money I receive from my medical insurance carrier for services provided to me by OCHD for which I have not paid.

G. HIPAA. By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative.
- I have received a copy of the "Notice of Privacy Practices" for Onslow County Health Department (OCHD).
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

Patient / Parent / Guardian Printed Name		Signature x:	Date:

Patient's Printed Name (Last, First MI Generation)

Date of Birth:_____

Onslow County School
Initiative Immunization Outreach Clinic
2022-2023

SECTIONS BELOW COMPLETED BY OCHD IMMUNIZATION STAFF

Clinical Comments: ☐ P ☐ S ☐ Hep A ☐ Tdap ☐ Menin ☐ HPV ☐ Flu

H. SHOT(S) ADMINISTERED (SECTION BELOW TO BE COMPLETED BY OCHD STAFF)

Vaccine Administration(s): ☐ 90471EP Injection #1 ☐ 90472EP + additional injection(s)

Immunization		Dx	Purchase / State		Admin Site (Circle				Manufacturer & Lot No.	VIS
☐ 90686+	Flu	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90633+	Hep A	Z23	P	S	LD	RD	LT	RT		10/15/21
☐ 90715+	Tdap	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90734+	Meningococcal	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #1	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #2	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #3	Z23	P	S	LD	RD	LT	RT		08/06/21

I have asked about prior immunizations and reactions. According to informed, no reactions have occurred.	Provider's Signature	Date	NCIR	CureMD

Clinical Comments: ☐ P ☐ S ☐ Hep A ☐ Tdap ☐ Menin ☐ HPV ☐ Flu

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☐ 90734+	Meningococcal	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #1	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #2	Z23	P	S	LD	RD	LT	RT		08/06/21
☐ 90651+	HPV #3	Z23	P	S	LD	RD	LT	RT		08/06/21

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In-Network Participation
At Onslow County Health Department

aetna®

BlueCross BlueShield

Cigna

north carolina medicaid

Medicare Part B (Limited)

NC Health Choice for children

MEDCOST®

UnitedHealthcare

TRICARE®

FREE OR LOW-COST SERVICES

- Fees for many services are based on a sliding fee scale so that people with low incomes pay less (or nothing) for a service.
- No one is denied essential services, such as communicable disease testing, family planning, prenatal or child health, because one cannot pay. Even if money is owed to the Health Department, people are not turned away or required to pay up-front for essential services.

Consolidated Human Services — Serve — Public Health

612 College Street • Jacksonville, NC 28540 • Tel (910) 347-2154 • https://www.onslowcountync.gov/149/Health

COUNTY OF ONSLOW

ONSLOW COUNTY EMERGENCY SERVICES
ONSLOW COUNTY HUMAN RESOURCES
ONSLOW COUNTY CONSOLIDATED HUMAN SERVICES
(Health, Social Services, and Senior Services)

NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003
Revised July 2016
Revised December 1, 2020
Revised March 10, 2022

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

PLEASE REVIEW CAREFULLY.

Onslow County is committed to protecting the privacy of your health information. In keeping with this commitment, this Notice describes the privacy practices of the various Onslow County departments listed above, as well as all of the County health care professionals and other persons authorized to enter health information about you into your medical record. Certain County healthcare providers have also agreed to abide by this Notice in order to protect the privacy of your Protected Health Information (PHI) when conducting joint healthcare activities with County departments and facilities.

Onslow County, and the County departments listed above, are required by law to:

- Protect the privacy of health information about you and that can be identified with you, which we call **"Protected Health Information"** or **"PHI"**. This PHI may be information about health care we provided to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.
- Provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI. We are required to follow the terms of this Notice. In other words, we are only allowed to use and disclose PHI in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all PHI that we maintain. If we make changes to the Notice, we will:

- Post in our waiting area
- Post on our website www.onslowcountync.gov/HIPAA
- Provide a copy upon request

The rest of this Notice will discuss how we may:

- Use and disclose PHI
- Explain your rights with respect to PHI
- Describe how and where you may file a privacy-related complaint

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU IN SEVERAL CIRCUMSTANCES

We use and disclose patients' PHI every day. This section of our Notice explains in some detail how we may use and disclose PHI in order to provide health care, obtain payment for that health care, and operate our business efficiently.

This section mentions other circumstances in which we may use or disclose PHI without your authorization. For more information about any of these uses or disclosures, or about any of our privacy policies, procedures, or practices, contact the HIPAA Privacy Officer at (910) 989-3983.

1. Treatment. We may use and disclose PHI to provide, coordinate, or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordination and managing your health care with others.

2. Payment. We may use and disclose your PHI to bill and collect payment for healthcare services provided by us or another provider. We may disclose your PHI to your health insurance plan(s) in order to assess and inform you of coverage through your health insurance plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also disclose your PHI to others such as insurers, collection agencies, and/or consumer reporting agencies. You have the right to restrict certain disclosures of PHI to health plans/insurance companies if you pay in full for services provided.

3. Health care operations. We may use and disclose your PHI in performing a variety of business activities that we call "health care operations." These "health care operations" activities allow us to improve the quality of care we provide and reduce health care costs. Examples of how we may use or disclose PHI include the following public health activities:

- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and other patients.
- Providing training programs for students, trainees, health care providers, or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and other patients.
- Improving health care and lowering costs for groups of people who have similar health problems while helping manage and coordinate the care for such groups.
- Cooperating with outside organizations that assess the quality of the care others, and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing PHI in the event that control of our organization significantly changes.
- Working with others such as lawyers, accountants, and other providers who assist us to comply with this Notice and other applicable laws.

4. Breaches. We are required by law to notify enforcement agencies of any type of breaches. You may be notified if your PHI compromises your medical care or financial security.

5. Person involved in your care. We may disclose your PHI to a relative, close personal friend, or a person you identify, if we determine they are involved in your care or in payment of your care unless you tell us not to do so. In certain circumstances, we need to notify a person involved in your care along with a disaster relief organization, such as the Red Cross, about your current location and any medical conditions.

6. Disaster Response, Evacuation & Sheltering. PHI information within the database will only be used in the planning for and provision of emergency and/or disaster services to include, but not limited to, evacuation and sheltering assistance.

7. Required by law. There are many state and federal laws that require us to use and disclose PHI. For example, a state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with that federal, state or local law or other judicial or administrative proceedings.

8. National priority uses and disclosures. When permitted by law, we may use or disclose PHI about you without your permission for various activities that are recognized as **"national priorities."** In other words, the government has determined that under certain circumstances, described below, it is important to disclose PHI without the patient's permission. We will only disclose your PHI in the following circumstances when we are permitted to do so by law.

- **Threat to health or safety:** We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious threat to your health or safety, or to the health or safety of the public or another person.
- **Public health activities:** We may use or disclose your PHI to public health agencies who are charged with preventing or controlling disease, injury, or disability or as required by law. If you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. For example, a sexually transmitted disease is a communicable disease.
- **Abuse, neglect, or domestic violence:** We may disclose your PHI to a government authority if you are an adult and we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
- **Health oversight activities:** We may disclose your PHI to a health oversight agency, which is basically an agency responsible for overseeing the health care system or certain government programs for the purpose of investigations and inspections.
- **Court proceedings:** We may disclose your PHI to a court or an officer of the court. This may include a court order, subpoena, discovery request, or other lawful processes.
- **Law enforcement:** We may disclose your PHI to law enforcement that requires the reporting of certain types of wounds and other physical injuries. In the event of a missing person, a notification may be made to law enforcement.
- **Coroners and others:** We may disclose your PHI about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye, and tissue transplants.
- **Workers' compensation:** We may disclose your PHI in order to comply with workers' compensation laws.
- **Research organizations:** We may use or disclose your PHI to research organizations if the organization has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Certain government functions:** We may disclose PHI for certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may use or disclose PHI to a correctional institution that has lawful custody of you.
- **Psychotherapy Notes:** Most uses, and disclosures of psychotherapy notes will require authorization from the individual prior to disclosing if the information is not kept within your medical record.
- **Business Associates:** Some services we provide through outside individuals or companies called "Business Associates", including vendors, contracted health care providers, offsite storage facilities, and liability insurance carriers. They are required by law to provide appropriate safeguards and procedures for privacy and security of the PHI entrusted to them.

9. Marketing. Onslow County Government will not sell your PHI without your expressed written authorization. We will not use and/or disclose your PHI for which the rule expressly states that written authorization of the individual takes place first.

10. Health Information Exchange (HIE). HIPAA covered entities (CE) may provide data-sharing health information to HIE in which CEs participate. HIE(s) provide a secure, private, standardized electronic network where participating health care providers can share important patient information, giving them the tools they need to make more informed treatment decisions. For you, when clinical records are available to the healthcare providers involved in your care, you receive more accurate and timely service which leads to a better overall patient experience. For example, you may be traveling and have a need to seek medical care in another part of North Carolina. If the doctor treating you is also a participating provider in the HIE in which we participate, they can access the information about you that we have, and other participating providers who have contributed to the HIE. The ability to access this additional healthcare information can help your doctor provide you with well-informed care quickly because the provider will have learned about your medical history, immunizations, allergies, lab and test results, prescriptions, imaging reports, conditions, diagnoses, or health problems from the HIE. Having access to multiple sources of patient results can eliminate duplicate testing, which will save both you and your healthcare provider time and money.

OCHD and OCEMS participate in N.C. Health Information Exchange Authority (NCHIEA) HealthConnex. OCHD also participates in Coastal Connect HIE (CCCHIE).

HealthConnex, a N.C. statewide HIE where participation is mandated by the State of N.C.: https://hiea.nc.gov/patients

CCHIE, a southeast regional HIE: https://coastalconnect.org/for-patients/

HIE Opt-Out. North Carolina is an automatic opt-in State. If you do **not** want your medical information made available to authorized healthcare providers participating in the HIE(s) an opt-out form **must** be completed. If you choose to opt-out, any information relating to you maintained in the HIE system will be blocked from being accessed by health care providers who attempt to look at your information.

Opt-out form(s) may be found at found on the HealthConnex and CCHIE web portals.

HIE(s) Opt-out.

- Adults aged 18 years old or older.

  Adults (emancipated minors included) are responsible for completing and submitting his/her own Opt-Out forms directly to HealthConnex and CCHIE.

  When an adult opt-out from a healthcare provider it will become a global opt-out for all healthcare providers participating in the HIE(s). Your information will still go to the HIE however it will be blocked from viewing by other HIE provider participants.

- Minors aged 11 – 17 years old.

  Must complete their own opt-out request form for **each** visit dependent upon the type of data involved. Clinical information for this age group will be held by HealthConnex for six (6) days to allow time for the minor's completed opt-out form to be uploaded to HealthConnex through direct secure message by designated Health Department staff.

Opting out of HIE will not adversely affect your treatment by your physician, and you cannot be discriminated against if you do decide to opt out.

Note: Submitting an Opt-Out Form does **not** mean your data will not be submitted by your health care provider(s) to the HIE. County of Onslow CE who receive Medicaid or State funds for the provision of health care services are required by law to send data pertaining to health care services that are funded by the State, including through Medicaid or State Health Plan. Exception: Onslow County EMS and Onslow County Senior Services, currently are voluntary.

HIE Opt-Out Cancellation / Rescind / Revoke: If you choose to opt-out, you can always opt-in again later by completing a new form and rescinding opt-out cancellation forms found on the HealthConnex or CCHIE website portals or on the CE's webpage.

11. Authorization. Other than the uses and disclosures described above (1-9), we will not use or disclose PHI about you without the "authorization" or signed permission by you or your personal representative. In some instances, we may wish to use or disclose PHI about you, and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose PHI and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose PHI about you, you may later revoke (cancel) your authorization in writing, with the exception for disclosures that were being processed prior to receiving your request to revoke. If the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

If you would like to revoke your authorization, you may write us a letter requesting to revoke your authorization or submit an Authorization to Revoke Form. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

SPECIAL PROVISIONS FOR MINORS

Under North Carolina law, minors, with or without the consent of a parent or guardian, have the right to consent to services for the prevention, diagnosis, and treatment of certain illnesses including venereal disease and other diseases that must be reported to the State; pregnancy; abuse of controlled substances or alcohol; and emotional disturbance.

If you are a minor and you consent to one of these services, you have all the authority and rights included in this Notice relating to that service. In addition, the law permits certain minors to be treated as adults for all purposes. These minors have all the rights and authority included in this Notice for all services.

YOU HAVE RIGHTS REGARDING PHI ABOUT YOU

1. Right of Access. You or your legal representative have the right to inspect (which means see or review) and receive a copy of PHI about you that we maintain. If you would like to inspect or receive a copy of PHI about you, you must provide us with a request in writing.

As an alternative, the CE may provide you with a summary or explanation of the PHI about you if you agree in advance to the form and cost of the summary or explanation. Be aware that we may charge in accordance with the current county fee schedule and HIPAA limitations on fees.

You have the right to direct the CE to share PHI about you directly to another person or entity. Your request to direct the PHI to another person must be in writing, signed by you, and clearly identify the designated person or entity and where to send the PHI. You may be asked to complete the CE's Patient Request for Health Information form. You have the right to request the CE to share your PHI to you or someone else in the format requested (paper or electronic) if the CE is capable of doing so.

There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

2. Right to have medical information amended. You have the right to have us amend, in other words, correct or supplement PHI about you that we maintain in certain groups of records. If you believe the information, we have is inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend the information, you must provide us with a request in writing. You may write us a letter requesting an amendment or submit an Amendment Request Form.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to change the information, we will make reasonable efforts to inform others of the amendment, including persons you have named who have received PHI about you and who need the changes.

3. Right to an Accounting of Disclosures. You have the right to receive a listing of disclosures that we have made for the previous six (6) years. If you would like to receive a detailed listing, you may submit a request in writing or submit the Detailed Listing of Disclosures Request Form.

The accounting will not include several types of disclosures, including disclosures for: treatment; billing and collection of payment for treatment or for health care operations; made to or authorized by you, or someone that you authorized; occurring as a byproduct of permitted uses and disclosures; made to individuals involved in your care, for directory or notification purposes; allowed by law; and limited information that does not identify you. Disclosures made prior to April 14, 2003, will not be listed. If you request a detailed listing of disclosures more than once every twelve (12) months, we may charge a fee in accordance with the current county fee schedule.

4. Right to request an alternative method of contact. You have the right to request how and where we contact you about PHI. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact, but such request must be provided in writing.

Text Messaging. With your authenticated signed permission, some County of Onslow HIPAA CE may contact you from its electronic health record (EHR) or a third-party vendor through a text message to your cell phone number on record with the CE. It is important that you keep the CE updated with your cell phone number. You may be charged by your cellular phone service provider for transmitting and delivering text messages. You may choose to opt out of getting text messages from the CE by calling the CE.

The CE may contact you through a text message to:

- remind you of an upcoming scheduled appointment, missed appointment,
- as a last resort in reaching you when other forms of contact have been exhausted,
- complete client satisfaction surveys.

Our Right to Change Notice of Privacy Practices. We reserve the right to change this notice. We reserve the right to make the new notice provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of new notice.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. You must name the agency that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirement. The complaint must be filed within 180 days of when the acts or omissions are believed to have occurred.

To file a complaint with the County of Onslow you may send your complaint to

County of Onslow
Onslow County Health Department
ATTN: Privacy Officer
612 College St.
Jacksonville, NC 28540

A complaint form may be accessed at: www.onslowcountync.gov/HIPAA

To file a complaint with the federal government, you may send your complaint to the following address:

Region IV, Office of Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909

Website. A copy of this notice of privacy practices is posted on the County of Onslow website at: http://www.onslowcountync.gov/HIPAA