

Logan County Health District
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.

UNDERSTANDING YOUR RECORD/INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials charged with improving the health of the nation
- Source of data for facility planning and marketing
- Tool for assessing and working to improving the care provided and outcomes achieved

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Request and obtain a paper copy of the notice of privacy practices
- Inspect and copy your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

We are required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purposes of the use or disclosure.

We are required to follow the privacy practices described in this Notice though, **we reserve the right to change our privacy practices and the terms of this Notice at any time.**

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on your behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that we may make.

USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

Generally, we may use or disclose your PHI as follows:

For Treatment: We will use your PHI for treatment. For example: We may disclose your PHI as necessary to a pharmacy when we order a prescription for you. Many of the people who work for the Agency, including but not limited to, our doctors, nurses and staff, may use or disclose your PHI in order to treat you or to assist others in your treatment. Your PHI may also be shared with outside entities performing other services relating to your treatment. We will also disclose your PHI to another physician, health care provider (specialist or laboratory), or home health agency, who at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. We may disclose PHI with other community agencies involved in the provision or coordination of your care. We may share your PHI with third party "business associates" that perform various activities (radiology, laboratory, transcription services, etc.) for the Agency so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information. We may disclose or use your PHI to the schools relating to immunizations.

To obtain Payment: We will use your PHI to obtain payment for your health care services. For example: we may contact your employer to verify employment status or we may contact your health insurer or Medicaid through Department of Job and Family Services to determine eligibility for benefits or to obtain approval for services prior to rendering them. We may also send a bill to a third-party payer. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used. We may release information to the Office of the Attorney General for collection purposes, diagnosis, procedures, and supplies used.

For Healthcare Operations: We may use/disclose your PHI in the course of regular healthcare operations of the Agency. For example, we may disclose your health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the front desk where you will be asked to sign your name. We may also call you by name in the reception area when your physician or health care provider is ready to see you. We may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for

audit purposes. Release of your PHI to the Multi-Agency Community Services Information System and/or state agencies might also be necessary to determine your eligibility for public funded services.

For Appointment Reminders and Marketing: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home. We may also send you information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our Agency and the services we offer.

For Business Associates: We may share your health information with third party "business associates" that perform various activities (radiology, laboratory, transcription services, etc.) for the practice so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

USES AND DISCLOSURES OF PHI REQUIRING AUTHORIZATION

For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below.

Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

USES AND DISCLOSURES OF PHI FROM HEALTH RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION

The law provides that we may use/disclose your PHI from health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We may disclose health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. We must also disclose PHI to authorities that monitor compliance with these privacy requirements and when necessary to comply with laws relating to workers' compensation or other similar programs established by law.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority. As required by law, we may disclose your PHI to the Ohio Dept of Health or other public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. This may include, but is not limited to: TB, STDs, HIV, Hepatitis B & C. We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

For health oversight activities: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, surveys, licensure, disciplinary actions, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Relating to decedents: We may disclose PHI related to a death to coroners, medical examiners, funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

For research purposes: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

For law enforcement: We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena. Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and

enrollment, and for national security reasons, such as protection of the President.

USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

Patient Directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

YOU HAVE THE RIGHT TO RECEIVE THIS NOTICE

You have the right to receive a paper copy of this Notice and/or electronic copy by email upon request.

HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT

If you have questions or want more information about this Notice or to file a complaint about our privacy practices, please contact the Privacy Officer at: Logan County Health District
310 S. Main St.
Bellefontaine, Ohio 43311
937-592-9040