

AUGLAIZE COUNTY HEALTH DEPARTMENT NOTICE OF PRIVACY PRACTICES (NPP)

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

I. WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your records;
- Any member of a volunteer group we allow to assist in the receipt of services;
- All employees, staff and other personnel;
- Auglaize County Health Department and programs directed by the Health Department, including but not limited to, Family Planning Clinic; Help Me Grow; Bureau of Children with Medical Handicaps; WIC; Home Health; and Immunizations.
- All of Auglaize County Health Department's Business Associates that may come in contact with your medical information during the course of our business relationships with them.

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

II. DEFINITION OF PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) consists of individually identifiable information, which may include demographic information that Auglaize County Health Department creates, collects from you, or receives from a health care provider, a health plan, your employer, or a health care clearinghouse, and that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you.

III. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us; we need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by this agency, whether made by health department employees or contracted professionals. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- maintain the privacy of protected health information;
- give you this notice of our legal duties and privacy practices regarding health information about you; and
- follow the terms of the notice that is currently in effect.

IV. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Except for the purposes described below, we will use and disclose your PHI only with your written permission. You may revoke such permission at any time by writing to Auglaize County Health Department's Privacy Officer.

A. GENERAL USAGE

1. For Treatment: *Treatment* generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a client, or the referral of a client from one health care provider to another. We may use PHI about you to provide you with treatment or services. We may disclose health information about you to other health care professionals who are involved in taking care of you. Different divisions and programs of the health department also may share medical information about you in order to coordinate the different things that you need, such as prescriptions and lab work. We also may disclose health information about you to people outside the health department who may be involved in your care, such as family members, clergy, or others who provide services that are part of your care. We may also release your personal health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if you are going to receive hospital or home health care, we may release your PHI to that organization so that a plan of care can be prepared for you.
2. For Payment: *Payment* encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care. We may use and disclose information about you so that the fees for treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about services you received at the health department so your health plan will pay for the service. We may also tell your health plan about a treatment you are going to receive to obtain for prior approval or to determine whether your plan will cover the treatment. We may use your information to prepare a bill to send to you or the person responsible for your payments.

Common payment activities include, but are not limited to:

- determining eligibility or coverage under a plan and adjudicating claims;
- risk adjustments;
- billing and collection activities;
- reviewing health care services for necessity, coverage, justification of charges, etc.;
- utilization review activities, including pre-certification and preauthorization and disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the Auglaize County Health Department).

3. For Health Care Operations: *Health Care Operations* are certain administrative, financial, legal, and quality improvement activities of Auglaize County Health Department that are necessary to run its business and to support the core function of treatment and payment. We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our facility and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many health department clients to decide what additional services the health department should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to health department personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health departments to compare how we are doing and see where we can make improvements in the care and services we offer; we will remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also use and disclose PHI for accreditation, licensing, and case management.

These activities include, but are not limited to:

- conducting quality assessment and improvement activities, population based activities relating to improving health or reducing health care costs, and case management and care coordination;
- reviewing the competence or qualifications of health care professionals, evaluating provider and health plan performance, training health care and non-health care professionals, accreditation, certification, licensing, or credentialing activities;
- underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims;
- conducting or arranging for medical review, legal, and auditing services, including fraud and abuse detection and compliance programs;
- business planning and development, such as conducting cost-management and planning analyses related to managing and operating the entity; and
- business management and general administrative activities, including those related to implementing and complying with the privacy rule and other administrative simplification rules, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified health information or limited data set, and fundraising for the benefit of the Auglaize County Health Department.

4. Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for services at the health department.
5. Phone Contacts: We may also contact you by phone to provide you with test results, return your call, answer questions, obtain additional information on billing, or other related issues. If you are not in, we will only leave our name, the name of our health department, and our phone number, for confidentiality reasons.
6. Email: We may respond or contact you with email if you have consented to such (contacting us via email first constitutes tacit consent).
7. Treatment Alternatives: We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
8. Health-Related Benefits and Services: We may use and health medical information to tell you about health-related benefits or services that may be of interest to you.
9. Research: Under certain circumstances, we may use and disclose medical information about a client for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients' need for privacy of their personal information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose PHI about a client to people preparing to conduct a research project. We will almost always ask for a client's specific permission if the researcher will have access to a client's name, address or other information that reveals who a client is, or will be involved in a client's care. We may assign a code or other means of record identification to allow information de-identified under this section to be re-identified by the health department, provided that:

- the code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - the health department does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.
10. Family and Friends Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status, and location.
 11. Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, legal services, laboratory, etc. At times it may be necessary for us to provide certain health information to one or more of these outside persons or organizations who assist us with our health care operations. All HIPAA security administrative safeguards, physical safeguards, technical safeguards, and security policies, procedures, and documentation requirements apply directly to Auglaize County Health Department's Business Associates; they are required by law to protect your confidentiality and privacy, and they sign a contract to this effect.
 12. To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
 13. As Required By Law: We will disclose PHI about a client when required to do so by federal, state, or local law.

B. SPECIAL SITUATIONS

1. Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
2. Workers' Compensation: We may release health information about you for workers' compensation or similar programs, if necessary, for your benefit determination for work-related injuries or illness.
3. Work-Related Injuries: If you are treated in the health department for a work-related injury, your health information will be forwarded to your employer for processing of workers' compensation claims. If referred to a specialist, your health information will be shared with the specialist and other providers that treat your injury.
4. Public Health Risk: We may disclose health information about you for public health activities. These activities generally include, but are not limited to, the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths; injury, cancer surveillance, immunizations, and for required public health investigations;
 - to report reactions to medications or problems with products;
 - to the appropriate government authority if we believe a client has been the victim of a abuse, neglect, or domestic violence (we will make this disclosure only if you agree or when required or authorized by law);
 - to notify people of recalls of products they may be using; and to the Food and Drug Administration to report adverse events or product defects;

- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to report gunshot wounds, knife stabbing, or suspicious injury, as required by law;
 - to release information to your employer when we have provided health care to you at the request of your employer.
5. Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 6. Administration of Government Programs: We may disclose protected health information relating to eligibility for, or enrollment in, a health plan to another agency administering a government program providing public benefits, if the sharing of eligibility or enrollment information among such agencies or the maintenance of such information in a single or combined data system accessible to all such agencies is required or expressly authorized by statute or regulation. We may also disclose PHI relating to the program to another government program providing public benefits if the programs serve the same or similar populations and the disclosure of PHI is necessary to coordinate the covered functions of such programs, or to improve administration and management relating to the covered functions.
 7. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
 8. Law Enforcement: We may release PHI if requested to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at an organization; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
 9. Coroners, Medical Examiners and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors as necessary to carry out their duties.
 10. National Security and Intelligence Activities: We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 11. Protective Services for the President and Others: We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
 12. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

13. Organ and Tissue Donation: If you are an organ donor, we may use or release health information to organizations that handle organ procurement, or other entities that are engaged in procurement, banking, or transportation of organs, eyes, or tissues to facilitate organ, eye, or tissue donation and transplantation.

IV. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- A. Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. This usually includes medical billing and records, but does not include any psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Auglaize County Health Department's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. This fee is set by Ohio law.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the health department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- B. Right to an Electronic Copy of Electronic Health Records: If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another entity or individual. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format, or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health record.
- C. Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer on our designated forms. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the health department;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- D. Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of PHI about you. You must submit your request in writing to Auglaize County Health Department's Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge

you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- E. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a particular test you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing on our designated forms to the Auglaize County Health Department's Privacy Officer. In your request, you must tell us: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- F. **Right to Restrict Release of Information for Certain Services:** If you paid for an item or service in full out-of-pocket (in other words, you have requested that we not bill your health plan), you have the right to request that your PHI with respect to this item or service not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request, and this information can then be released only upon your written authorization.
- G. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If you do not tell us how or where you wish to be contacted, we do not have to follow your request.
- H. **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website: www.auglaizehealth.org. To obtain a paper copy of this notice, contact any employee of Auglaize County Health Department.
- I. **Right to Receive Notice of a Breach:** You have the right to be notified of any breach of your unsecured PHI. A breach occurs when there has been an unauthorized use or disclosure that compromises the privacy or security of your PHI, or poses a significant risk for financial, reputational, or other harm to you. This notice must: (1) contain a brief description of what happened, including the date of the breach and the date of discovery of the breach; (2) the steps the individual should take to protect themselves from potential harm resulting from the breach; and (3) a brief description of what Auglaize County Health Department is doing to investigate the breach, mitigate any losses, and protect against further breaches.

V. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we all ready have about you, as well as any information we receive in the future. We will post a copy of the current notice in the health department. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the health department for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

VI. CONTACT

Contact the Privacy Officer at 419-738-3410 if you have any questions about the notice or for further information.

VII. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the health department by contacting the Health Commissioner/Privacy Officer, at 214 S. Wagner Street, Wapakoneta, Ohio 45895. Phone: (419) 738-3410. You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: (202) 619-0257, Toll Free (877) 696-6775. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

VIII. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. We are required to retain our records of the care that we provided to you, and are not able to take back any disclosures we have already made with your permission.